



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					
July 10 Filing - Original					
10. PERIOD COVERED					
		Beginning Date		Ending Date	
		06/13/2018	thru	06/30/2018	
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 Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Joseph Sledge		07/08/2018 12:40:54PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
<p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</p>					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Steve Obsitnik for Governor	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$53,216.98	
14. Contributions received from Individuals (Section A and B)	\$100.00	\$103,864.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$107,968.27
16. Other Monetary Receipts (Section D through I)	\$0.00	\$100.02
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$100.00	\$211,932.29
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$53,316.98	\$211,932.29
20. Expenses Paid by Committee (Section N)	\$6,930.60	\$165,545.91
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$46,386.38	\$46,386.38
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$2,671.55
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$7,480.98
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$725.00	

I. MONETARY RECEIPTS (Section A-I)

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

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

Last Name Oppel	First Timothy	MI	Contribution ID # 1611
Residential Street Address 48 Lucille Dr	City Shelton	State CT	Zip Code 06484
Principal Occupation Hvac	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 type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Kerttula	First Kevin	MI	Contribution ID # 1612
Residential Street Address 14 Granite Ct	City Dayville	State CT	Zip Code 06241
Principal Occupation Maintenance	Name of Employer Rawson Materials		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Total of Section B **\$100.00****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A + B) (Total on Line 14, Column A of Summary Page)**\$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	July 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer		
Address	Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Amount of Contribution
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	July 10 Filing - Original

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Steve Obsitnik for Governor	July 10 Filing - Original

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Steve Obsitnik for Governor	July 10 Filing - Original

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Steve Obsitnik for Governor	July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount	
Street Address	City	State	Zip Code
Total of Section G			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Steve Obsitnik for Governor	July 10 Filing - Original

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Steve Obsitnik for Governor				July 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Steve Obsitnik for Governor				July 10 Filing - Original	
J1. Event Information					
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No		
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		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.		
		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?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		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?		Yes	(If yes, enter Total Receipts here.)		
		No			
Total of Section J1					

II. EVENT ACTIVITY (Sections J1 - J4)

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

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address		City	State Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Individual			
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	July 10 Filing - Original

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

Name of Host	Is this event supporting more than one candidate?		
	Yes	No	If yes, complete Itemization in Addendum J4
Street Address	City	State	Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

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

K. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
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:	Yes No Executive Legislative
Type of Contributor:		Date Received	Aggregate contributions
Individual Committee Sole Proprietorship			
			Fair Market Value of this Contribution

Total of Section K**III. Non Monetary Receipts (Sections K - L)**

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

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
			Amount of Deposit

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Julia Morse		Date of Payment 06/13/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 32 Lawncrest Rd		City Danbury	State CT	Zip Code 06810
Purpose of Expend RMB	Description Reimbursement for business travel			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 #
				\$77.25

Name of Payee Universal Print & Mail Services		Date of Payment 06/22/2018	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 Campaign palm card			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 #
				\$507.29

Name of Payee Richard Foley		Date of Payment 06/26/2018	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 RMB	Description Hotel for CT GOP convention			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 #
				\$251.79

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Vistaprint		Date of Payment 06/26/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 275 Wyman St		City Waltham	State MA	Zip Code 02451
Purpose of Expend PRNT	Description Campaign 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 #
				\$43.83

Name of Payee Anne Gaydos Designs		Date of Payment 06/26/2018	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 CNSLT	Description Designs for mailer, shirts, banners, and palm card revision			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 #
				\$700.00

Name of Payee Day Campaign		Date of Payment 06/30/2018	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 #
				\$4.80

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee AD-MERICA		Date of Payment 06/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 34 Soundview Ave		City Shelton	State CT	Zip Code 06484
Purpose of Expend A-OTH	Description Raly signs			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 #	\$141.45

Name of Payee Show Your Colors		Date of Payment 06/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 477 Main St N		City Woodbury	State CT	Zip Code 06798
Purpose of Expend A-OTH	Description Logo shirts & caps			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 #	\$2,911.86

Name of Payee Google LLC		Date of Payment 06/30/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expend WEB	Description Campaign email portal			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 #	\$22.73

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Steve Obsitnik		Date of Payment 06/30/2018	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 Reimbursement for 3344 miles @ 0.545			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 #
				\$1,822.48

Name of Payee i360 LLC		Date of Payment 06/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 29374 Network Pl		City Chicago	State IL	Zip Code 60673
Purpose of Expend CNSLT	Description Campaign gigaplan database management subscription			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 #
				\$447.12

Total of Section N**\$6,930.60**

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					July 10 Filing - Original	
O. Expenses Paid By Candidate						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?
						Yes No
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		Amount
Total of Section O						

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Steve Obsitnik for Governor					July 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card:		
				Visa Master Card Discover American Express 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						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

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

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

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

Total of Section Q	
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IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Morse	First Julia	MI	Date of Payment to Vendor 06/13/2018	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 Uber
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Street Address of Vendor 1455 Market St	City San Francisco	State CA	Zip Code 94103
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Purpose of Expenditure (by code) TRVL	Description Reimbursement for business travel
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$77.25
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Last Name of Worker/Consultant Foley	First Richard	MI	Date of Payment to Vendor 06/26/2018	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 Foxwoods Resort

Street Address of Vendor 350 Trolley Linie Blvd	City Mashantucket	State CT	Zip Code 06338
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Purpose of Expenditure (by code) TRVL	Description Hotel for CT GOP convention
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$251.79
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Total of Section R	\$329.04
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IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Steve Obsitnik for Governor		July 10 Filing - Original		
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Total of Section S				

Section J4. ADDENDUM

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

Section N. ADDENDUM

NAME OF COMMITTEE		TYPE OF REPORT		
N. Expenses Paid By Committee - Addendum				
Expenditure #		Amount of Expenditure		
Name of Candidate		Office Sought		

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

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

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