

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE 16 APR 20 PM 3:58

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CONNORS FOR SENATE

ADDRESS (number and street) 3001 FAIRFAX RD CLEVELAND HTS OH 44118 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER 00582494 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT OH

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 01/01/2016 through 03/31/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MICHAEL G. CONNORS

Signature of Treasurer Michael G. Connors Date 04/13/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only FEC FORM 3 (Revised 02/2003)

201604210200169364

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CONNORS FOR SENATE

Report Covering the Period: From:

01' 01' 2016

To:

03' 31' 2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	60751	154720
(b) Total Contribution Refunds (from Line 20(d)) ..	—	—
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	60751	154720
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	2442911	2566700
(b) Total Offsets to Operating Expenditures (from Line 14)...	—	—
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	2442911	2566700
8. Cash on Hand at Close of Reporting Period (from Line 27)...	588020	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	3000000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..	3000000	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

201604210200169365

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

CONNORS FOR SENATE

Report Covering the Period:

From:

MM ' DD ' YYYY
01 ' 01 ' 2016

To:

MM ' DD ' YYYY
03 ' 31 ' 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...		
(ii) Unitemized	50255	75929
(iii) TOTAL of contributions from individuals	50255	75929
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs)...		
(d) The Candidate	10496	78791
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	60751	154720 78791
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	2000000	3000000
(b) All Other Loans...		
(c) TOTAL LOANS (add Lines 13(a) and (b))...	2000000	3000000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	2060751	3154720

201604210200169366

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	24429.11	25667.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...		
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs)...		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...		
21. OTHER DISBURSEMENTS ...		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	24429.11	25667.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	9701.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	20607.51
25. SUBTOTAL (add Line 23 and Line 24)...	30309.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	24429.11
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	5880.20

201604210200169367

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 3 OF 3
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) **CONNORS FOR SENATE**

A. Full Name (Last, First, Middle Initial) **THOMAS W. CONNORS**

Mailing Address **3733 LOGAN AVE., NW**

City **CANTON, OH** State _____ Zip Code **44709**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BLACK, McCUSKER** Occupation **ATTORNEY**

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt **01 / 16 / 2016**

Amount of Each Receipt this Period **5.45**

B. Full Name (Last, First, Middle Initial) **SAME AS ABOVE**

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt **01 / 16 / 2016**

Amount of Each Receipt this Period **19.25**

C. Full Name (Last, First, Middle Initial) **SAME AS ABOVE**

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt **01 / 21 / 2016**

Amount of Each Receipt this Period **5.24**

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

201604210200169366

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 3
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full) **CONNORS FOR SENATE**

A. Full Name (Last, First, Middle Initial) **SAME AS ABOVE**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt **01 / 22 / 2016**

Amount of Each Receipt this Period **42.0**

B. Full Name (Last, First, Middle Initial) **SAME AS ABOVE**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt **01 / 28 / 2016**

Amount of Each Receipt this Period **2274**

C. Full Name (Last, First, Middle Initial) **SAME AS ABOVE**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt **02 / 03 / 2016**

Amount of Each Receipt this Period **4.16**

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

201604210200169369

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 3 OF 3
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full) **CONNORS FOR SENATE**

A. Full Name (Last, First, Middle Initial) **SAME AS ABOVE**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt **02 / 04 / 2016**

Amount of Each Receipt this Period **36.40**

B. Full Name (Last, First, Middle Initial) **SAME AS ABOVE**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt **02 / 24 / 2016**

Amount of Each Receipt this Period **31.4**

C. Full Name (Last, First, Middle Initial) **SAME AS ABOVE**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **78791**

Date of Receipt **02 / 24 / 2016**

Amount of Each Receipt this Period **43.8**

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

104.96

201604210200169330

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

PAGE 1 OF 08

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NAME OF COMMITTEE (In Full) **CONNORS FOR SENATE**

A. Full Name (Last, First, Middle Initial) **LANDSLIDE CONSULTING**

Mailing Address **2116 DANIELS AVE.**

City **AKRON** State **OH** Zip Code **44312**

Purpose of Disbursement **PETITION DRIVE** Category/Type **001**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement **01 / 06 / 2016**

Amount of Each Disbursement this Period **50000**

B. Full Name (Last, First, Middle Initial) **SAME**

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement **01 / 11 / 2016**

Amount of Each Disbursement this Period **50000**

C. Full Name (Last, First, Middle Initial) **SAME**

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement **01 / 12 / 2016**

Amount of Each Disbursement this Period **50000**

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

201604210200169391

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 2 OF 8
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full) **CONNORS FOR SENATE**

A. Full Name (Last, First, Middle Initial) **LANDSLIDE CONSULTING**

Mailing Address **2116 DANIELS AVE.**

City **AKRON** State **OH** Zip Code **44312**

Purpose of Disbursement **PETITION DRIVE** Category/Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement **01/26/2016**

Amount of Each Disbursement this Period **1,000.00**

B. Full Name (Last, First, Middle Initial) **SAME**

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement **02/03/2016**

Amount of Each Disbursement this Period **2,000.00**

C. Full Name (Last, First, Middle Initial) **SAME**

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement **02/16/2016**

Amount of Each Disbursement this Period **5,000.00**

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

201604210209169392

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 3 OF 8
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full) **CONNORS FOR SENATE**

Full Name (Last, First, Middle Initial) A. LANDSLIDE CONSULTING		Date of Disbursement 03 / 07 / 2016
Mailing Address 2116 DANIELS AVE.		Amount of Each Disbursement this Period 5000.00
City AKRON	State OH	
Zip Code 44312		Category/ Type 001
Purpose of Disbursement PETITION DRIVE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. SAME		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. SAME		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	
TOTAL This Period (last page this line number only).....	

201604210200109393

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17
 18
 19a
 19b
 20a
 20b
 20c
 21

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NAME OF COMMITTEE (In Full) **CONNORS FOR SENATE**

A. Full Name (Last, First, Middle Initial) **LIBERTY PETITION PROJECTS**
 Mailing Address **5388 MILDRED AVE.**
 City **KENTWOOD, MI** State **MI** Zip Code **49508**
 Purpose of Disbursement **PETITION DRIVE** Category/Type **001**
 Date of Disbursement **02/04/2016**
 Amount of Each Disbursement this Period **1,000.00**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: District:

B. Full Name (Last, First, Middle Initial) **SAME**
 Mailing Address
 City State Zip Code
 Purpose of Disbursement Category/Type
 Date of Disbursement **03/11/2016**
 Amount of Each Disbursement this Period **3,071.50**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: District:

C. Full Name (Last, First, Middle Initial) **SAME**
 Mailing Address
 City State Zip Code
 Purpose of Disbursement Category/Type
 Date of Disbursement **03/14/2016**
 Amount of Each Disbursement this Period **2,199.00**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: District:

SUBTOTAL of Disbursements This Page (optional).....
 TOTAL This Period (last page this line number only).....

201604210200109594

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 5 OF 8 B
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full) **CONNORS FOR SENATE**

A. Full Name (Last, First, Middle Initial) **OHIO PETITIONING PARTNERS**

Mailing Address **3909 PENSACOLA AVE.**

City **CLEVELAND, OH** State **OH** Zip Code **44109**

Purpose of Disbursement **PETITION DRIVE** Category/Type **001**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

Date of Disbursement **02 / 04 / 2016**

Amount of Each Disbursement this Period **500.00**

B. Full Name (Last, First, Middle Initial) **SAME**

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Category/Type _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

Date of Disbursement **02 / 26 / 2016**

Amount of Each Disbursement this Period **754.00**

C. Full Name (Last, First, Middle Initial) **SAME**

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Category/Type _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

Date of Disbursement **03 / 14 / 2016**

Amount of Each Disbursement this Period **2100.00**

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (last page this line number only) **24,229.46**

201604210200169395

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 8	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CONNORS FOR SENATE

A. Full Name (Last, First, Middle Initial) **BLACK, McCUSKEY**

Mailing Address **220 MARKET AVE. S, STE 1000**

City **CANTON, OH** State Zip Code **44702**

Purpose of Disbursement **POSTAGE** Category/Type **001**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement **01 / 16 / 2016**

Amount of Each Disbursement this Period **5.45**

B. Full Name (Last, First, Middle Initial) **SAME**

Mailing Address

City State Zip Code

Purpose of Disbursement **POS COPIES** Category/Type **001**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement **01 / 16 / 2016**

Amount of Each Disbursement this Period **19.25**

C. Full Name (Last, First, Middle Initial) **SAME**

Mailing Address

City State Zip Code

Purpose of Disbursement **COPIES** Category/Type **001**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement **01 / 21 / 2016**

Amount of Each Disbursement this Period **5.24**

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

201604210200169336

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 8

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (in Full)

CONNORS FOR SENATE

Full Name (Last, First, Middle Initial)

A. BLACK, McCUSKEY

Mailing Address

220 MARKET AVE. S, STE 1000

City

CANTON, OH

State

Zip Code

44702

Purpose of Disbursement

COPIES

001

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

01 / 22 / 2016

Amount of Each Disbursement this Period

420

Full Name (Last, First, Middle Initial)

B. SAME

Mailing Address

City

State

Zip Code

Purpose of Disbursement

COPIES

001

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

01 / 28 / 2016

Amount of Each Disbursement this Period

2274

Full Name (Last, First, Middle Initial)

C. SAME

Mailing Address

City

State

Zip Code

Purpose of Disbursement

POSTAGE

001

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

02 / 03 / 2016

Amount of Each Disbursement this Period

416

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

201604210200169397

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 8
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CONNORS FOR SENATE

A. Full Name (Last, First, Middle Initial) **BLACK, McCUSKEY**

Mailing Address **220 MARKET AVE. S, STE 1000**

City **CANTON, OH** State Zip Code **44702**

Purpose of Disbursement **COPIES** Category/Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **02 / 04 / 2016**

Amount of Each Disbursement this Period **3640**

B. Full Name (Last, First, Middle Initial) **SAME**

Mailing Address

City State Zip Code

Purpose of Disbursement **POSTAGE** Category/Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **02 / 24 / 2016**

Amount of Each Disbursement this Period **314**

C. Full Name (Last, First, Middle Initial) **SAME**

Mailing Address

City State Zip Code

Purpose of Disbursement **COPIES** Category/Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **02 / 24 / 2016**

Amount of Each Disbursement this Period **438**

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

201604210209169398

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
CONNORS FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)
THOMAS W. CONNORS

Mailing Address
3733 LOGAN AVE., NW

City State ZIP Code
CANTON, OH 44709

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10,000.00 **0.00** **10,000.00**

TERMS Date Incurred Date Due Interest Rate Secured:
02 / 08 / 2016 **MM / DD / YYYY** **0.00** % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00

SUBTOTALS This Period This Page (optional)... **0.00**

TOTALS This Period (last page in this line only)... **0.00**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201604210200169399

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full) **CONNORS FOR SENATE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor: **CONNORS, THOMAS W.**
 Nature of Debt (Purpose): **FUND CAMPAIGN ACTIVITIES**
 Mailing Address: **3733 LOGAN AVE. NW**
 City State Zip Code: **CANTON, OH 44709**

Outstanding Balance Beginning This Period: **10,000.00**
 Amount Incurred This Period: **20,000.00**
 Payment This Period: **---**
 Outstanding Balance at Close of This Period: **30,000.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Nature of Debt (Purpose)
 Mailing Address
 City State Zip Code

Outstanding Balance Beginning This Period
 Amount Incurred This Period
 Payment This Period
 Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Nature of Debt (Purpose)
 Mailing Address
 City State Zip Code

Outstanding Balance Beginning This Period
 Amount Incurred This Period
 Payment This Period
 Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ... **---**
 2) **TOTALS** This Period (last page this line number) ... **---**
 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ... **---**
 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ... **---**

201604210200169401

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL



7015 1520 0002 0895 0050



1000



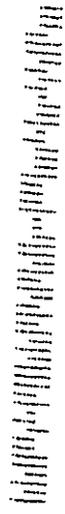
20013

U.S. POSTAGE
PAID
CLEVELAND HEIGHTS, OH
APR 18 1988
AMOUNT
\$6.22
R23039101573-05

Notes

2001 FAX PD

4/11/88



**SCREENED
BY THE SENATE
POST OFFICE**

Office of Public Records
Box 77578
WASHINGTON,
DC

20013-7578

294691002012409102

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

ELECTRONICALLY DELIVERED _____
Date of Receipt

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED 4/15/16
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

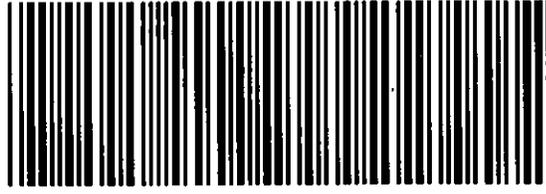
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

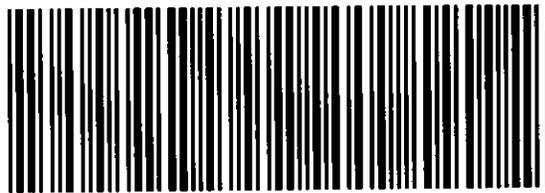
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 4-20-16

201604210200169403



SEN PATCH



SEN PATCH

201604210200169404