

FEC FORM 2
STATEMENT OF CANDIDACY

RECEIVED
FEC MAIL CENTER
2015 OCT 30 AM 7:40

1. (a) Name of Candidate (in full) <u>Matthew Brendan O'Connor</u>			2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <u>7939 Sully Place</u>			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <u>Dublin, Ohio 43016</u>			
4. Party Affiliation <u>None</u>	5. Office Sought <u>President</u>	6. State & District of Candidate	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).
(year of election)
- NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <u>Matthew Brendan O'Connor for President</u>
(b) Address (number and street) <u>7939 Sully Place</u>
(c) City, State, and ZIP Code <u>Dublin, OH 43016</u>

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
- NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

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

Signature of Candidate <u>Matthew Brendan O'Connor</u>	Date <u>10/23/2015</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER

10/30/15
DATE PREPARED