NOVIL TO: 15: ON: ODMOWMON

FEC FORM 3P BY AN AUTHORIZED COMMITTEE

REPORT OF RECEIPTS AND DISBURSEMENTS

	FOR THE OF	FICE OF P	RESIDENT	OR VICE P	RESIDENT	OCT -7	PH 1: 46	loly	
1. NAME OF COM	AITTEE (in full,	type or print)		Example	: If typing, t	ype over the			
COMMITTE	EE TO	ELEC	T MIC	HAEL		KELM			
ADDRESS (number and	street) 3,9	9 P F	ARZ I	R, O, A, D,					- The same of the
. Check if	1		, 1 <u>, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,</u>	(101/101					
than pre- reported.	viously	UNSW	‡,c,K,	1 1 1 1	<u> </u>	[O,1/]	14,4,2,1	21-1	Martin Branchise
2. FEC IDENTIFICATION	ON NUMBER	C 0.0	CITY) <i>S. S.</i> 3	2.0.6		STATE		P CODE	-
3. TYPE OF REPOR	T (Choose One)								-
	, , , , , , , , , , , , , , , , , , , ,				Chec	k here if this i	s a Termination	Report (TER)	
Qu	arterly Reports:					Monthly Repo	orts:		
April 15 (Q1)	October 15 (Q3)			Feb 20 (M2	May	20 (M5)	Aug 20 (M8)	Nov 20 (M11)	
July 15 (Q2)	January 31 Year	-End Report (Y	(E)	Mar 20 (M3		0 (M6)	Sep 20 (M9)	Dec 20 (M12)	1
				Apr 20 (M4) Jul 20) (M7)	Oct 20 (M10))	Jan 31 (YE)	
12-Day Pre-Election	on Report for the	Election on	State of		30-Day	Post-Election I	Report for the G	ieneral Election on	
4. IS THIS REPORT	AND AMENDMI	ENT? yes	No.						
5. COVERING PERIO	09'	811) ó 2 J	THROU	зн 09	130	<i>àò</i> , à		
certify that I have exam	ined this Report	and to the be	est of my kn	owledge and I	pelief it is tru	e, correct and	d complete.		
Type or Print Name of Tr	easurer <u>Mi</u>	chael	Bick	elmeye	r				
Signature of Treasurer	Much	ael B	ickeln	reyer		ate 0 9	1 3 0 1	2021	
NOTE: Submission of fals	e, erroneous, or i All previo	ncomplete info	rmation may this form are	subject the pe	rson signing t should no loi	his Report to t nger be used.	the penalties of	52 U.S.C. §30109.	
Office Use Only									

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	•	
	FEC Form 3P (Rev. 05/2016)	Page 2
W	rite or Type Committee Name	
\subseteq	OMMITTEE TO ELECT MICHAEL BICKELMEYER	
	eport Covering the Period: From: 0.7 0.7 0.7 0.7 To: 0.9 0.7	
SU	IMMARY	
6.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	<u>""4"0"1</u>
7.	TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<u> </u>
8.	SUBTOTAL (Lines 6 and 7)	, U.O.I
9.	TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	j
10.	CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8)	"U° & T
11.	DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	1, 0,
12.	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	
13.	EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.)	
ΙΕΊ	T ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES	

14.	NET CONTRIBUTIONS (Other than Loans)
	(Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3)
10.	NET OPERATING EXPENDITURES
	(Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4)

DETAILED SUMMARY PAGE	D	ETAILED	SUMM	IARY	PAGE
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Clare		FEC Form 3P (Rev. 05/2016)	of Receipts	Page 3
2	VAME	OF COMMITEE (IN FUII) MMITTEE, TO ELE	C,T, ,M,T,C,H,A,E,L, ,B,T,C,X	(ELMEYER
L	11	1111111	 	
Re	port	Covering the Period: From: 0	(<u>0</u> 1 / 2 0 2 /) To	09/30/2021
		I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16	FED	DERAL FUNDS (Itemize on Schedule A-P)		
17.	(a)	Committees		
	•	(i) itemized		2900
		(ii) unitemized		
	1	(iii) Total contributions		7900
	(b)	Political Party Committees		
	(c)	Other Political Committees		
	(d)	The Candidate		(97979
	(e)	TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))		(01070
	COM	NSFERS FROM OTHER AUTHORIZED		L. A
19.		NS RECEIVED: Loans Received From or Guaranteed by Candidate		
	(b)	Other Loans		
	(c)	TOTAL LOANS (Add 19(a) and 19(b)	- A - A - A - A - A - A - A - A - A - A	
20.	(Refu	SETS TO EXPENDITURES nds, Rebates, etc.): Operating		778116
	(b)	Fundraising		
	(c)	Legal and Accounting		
	(d)	TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))		7747
21.	OTHE	R RECEIPTS (Dividends, Interest, etc.)		
		L RECEIPTS 16, 17(e), 18, 19(c), 20(d) and 21)		
	,	(-), (-), (-), (-)(u) and 21)		6,29824

DETAIL	AC DE			
	SIII	m na a	HY	UMILE

	دي والسائلة	FEC Form 3P (Rev. 05/2016)	of Disbursements and Contributed Items	Page 4
C N	O /	OF COMMITEE (in Full)	[LMEYER
L	Ц.			
Re	port (Covering the Period: From:	0.7 / 6.7 / 3. <i>0.</i> 3. <i>0.</i> 3. To:	[0,9] (3,0) (202)
		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
23.	OPE	RATING EXPENDITURES		(2040
24.		NSFERS TO OTHER HORIZED COMMITTEES		
		DRAISING DISBURSEMENTS		
26.		MPT LEGAL AND OUNTING DISBURSEMENTS		
27.	LOA	N REPAYMENTS MADE:		
	(a)	Repayments of Loans made or Guaby Candidate	ranteed	
	(b)	Other Repayments		
	(c)	TOTAL LOAN REPAYMENTS MADE		<u></u>
2000		(Add 27(a) and 27(b))		
28.	REF(JNDS OF CONTRIBUTIONS TO: Individuals/Persons Other Than Polit	None	The second secon
	(4)	Committees	ucai	
	(b)	Political Party Committees		
	(c)	Other Political Committees		<u></u>
	(d)	TOTAL CONTRIBUTION REFUNDS		*
		(Add 28(a), 28(b) and 28(c))		~ · · · · · · · · · · · · · · · · · · ·
29.	ОТНЕ	ER DISBURSEMENTS		<u> </u>
30.	ATOTA (Add	L DISBURSEMENTS 23, 24, 25, 26, 27(c), 28(d) and 29)		
	p laa	20, 24, 23, 20, 27(c), 20(d) and 29)		<u>6,30,425</u>
	1	II. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)		
		S ON HAND TO BE LIQUIDATED		
	(Attac	h List)		

NONH: HO! HI OM: DOMOCMOG

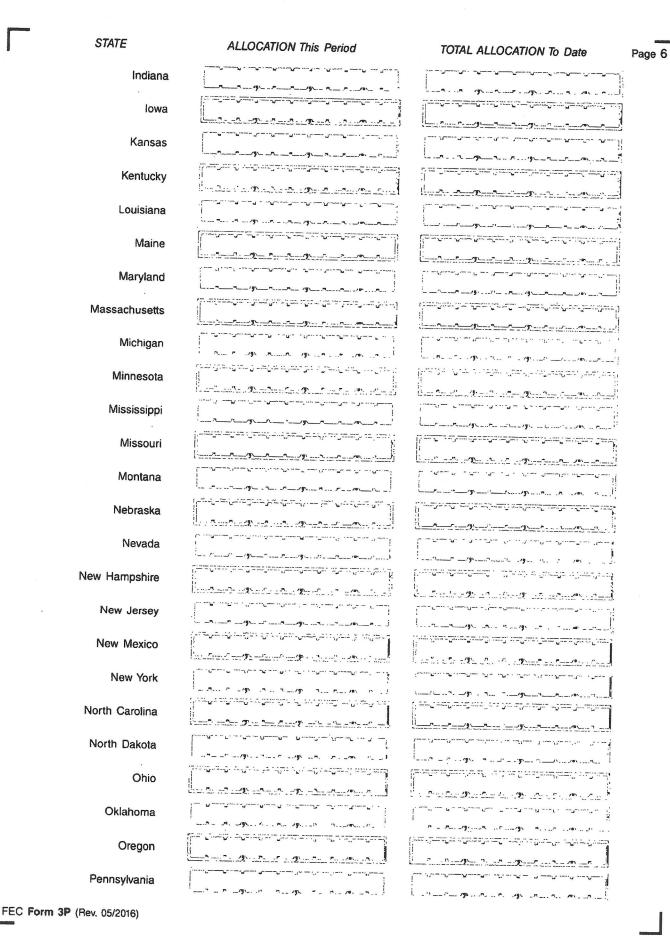
FEC Form 3P (Rev. 05/2016) Federal Election Commission 1050 First Street, N.E. Washington, D.C. 20463

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Page 5

1. NAME OF COMMITTEE (in	full, type or print) 2. FEC IDENTIF	ICATION NUMBER	Claracasas
COMMITTEE TO	ELECT MICHAE	L B.I.C.K.F.L.	C0.0.5.5.3.2.0.6
			7-17-17
ADDRESS (90 PEARL DOAD		1111111
ADDRESS (number and street)	99, PEARL, ROAD		
			111111111
B	$R_{i}V_{i}N_{i}S_{i}W_{i}I_{i}C_{i}K_{i}$	LI OH	14,42,121-1
	CITY	STATE	ZIP CODE
3. NAME OF CANDIDATE	I,C,H,A,E,L, B,I,C,K,E,L,I	Y.E.Y.E.R	
	ALLOCATION BY	STATE	
STATE	ALLOCATION This Period	TOTAL ALLO	CATION To Date
Alabama			
Alaska			
Arizona			
Arkansas			
California		السباب	
Colorado			
Connecticut			
Delaware			
District of Columbia			
District of Columbia			سمسم
Florida			
Georgia			
Hawaii			
•			
ldaho		السيا	7-7
Illinois			V V V V V



STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date	Page 7
Rhode Island			7
South Carolina			i
South Dakota			.
Tennessee	7) () ()	9-	4 .
. Texas			
Utah	7	9-1-0-1-1	
Vermont	7		•
Virginia	2	7) - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	1 . 1
Washington			
West Virginia			1
Wisconsin	75 - 75 - 75 - 75 - 75 - 75 - 75 - 75 -		
· Wyoming	(1)	()_	· .
Puerto Rico			
. Guam			
Virgin Íslands		(F) (F) (F)	
TOTALS	(1)	(7)	

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	EXPENDITURES SUBJECT TO LIMITATION Form 3P (Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds) Page 8 E OF COMMITEE (in Full)
CO	M, M, T, T, E, E, T, O, EL, E, C, T, M, I, C, H, A, E, L, B, I, C, K, E, L, M, E, Y, E, R,
Report	Covering the Period: From: 07'00' 2021 To: 09'50'2021
A.	OPERATING EXPENDITURES (Line 23, Column B)
B .	OPERATING OFFSETS (Line 20a, Column B)
C.	NET OPERATING EXPENDITURES (for the election cycle) (Subtract Line B from A)
D.	FUNDRAISING DISBURSEMENTS (Line 25, Column B)
E.	OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B)
F.	NET FUNDRAISING DISBURSEMENTS (for the election cycle) (Subtract Line E from D)
G.	20% EXEMPTION (20% of Overall Expenditure Limit)
H.	TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT (Subtract Line G from F)
l.	TOTAL EXPENDITURES SUBJECT TO LIMITATION (Add Lines C and H)

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SCHEDULE A-P ITEMIZED RECEIPTS

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

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

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) COMMI THEE TO ELECT MICHAEL BICKELMEYER A. Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing federal political committee. Amount of Each Receipt this Period Name of Employer Occupation Receipt For: Election Cycle-to-Date ▼ Primary General Memo Item Other (specify) B. Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing federal political committee. Amount of Each Receipt this Period Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Memo Item Other (specify) C. Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address : City State Zip Code FEC ID number of contributing federal political committee. Amount of Each Receipt this Period Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Memo Item Other (specify) Subtotal Of Receipts This Page (optional)..... Total This Period (last page this line number only)

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State:

Subtotal Of Receipts This Page (optional).....

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

SCHEDULE B-P FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 26 Detailed Summary Page 272 27b 28a 28b 28c 29 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) EETO ELECT MICHAELBICKELMEYER A. Date of Disbursement Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement C Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Memo Item State: District: Full Name (Last, First, Middle Initial) B. Date of Disbursement Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Category/ Amount of Each Disbursement this Period Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Memo Item State: District: Full Name (Last, First, Middle Initial) C. Date of Disbursement Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Category/ Amount of Each Disbursement this Period Type Office Sought: House Disbursement For: Senate Primary General President Other (specify)

FEC Schedule B-P (Form 3P) (Rev. 0/2016)

Memo Item

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SCHEDULE C-P LOANS

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

	PAGE	OF	
FOR LINE NI	JMBER: only one)		

VAME	OF	COMMITTEE	(In	Full)
			,		,

LOAN SOURCE Full N	ame (Last, First, M	iddle Initial)	AEL BICKELMEYER Memo Item Election:	
Madian Add		•	Primary General	
Mailing Address			Other (specify) ▼	
City		State	Zip Code	
			Personal Funds of the Car	
Original Amount of Loan		Cumulative Payme	nt To Date Balance Outstanding at Close of This	
7, 3, 5,	(1)			
TERMS Date Inco	urred	D-	2, 3	
M M / O D /	ABABAB	M M / D D	e Due Interest Rate (if none, enter 0) Secured:	
لسما لسما			% (apr)	
List All Endorsers or	Guarantors (if ar	y) to Loan Source	e	
1. Full Name (Last, Firs	it, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
. Full Name (Last, First,	Middle Initial)		Outstanding:	
•	Trildais Hittaly		Name of Employer	
Mailing Address	-		Occupation	
0.1			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	
. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
Full Name (Last, First,	Middle Initial		Outstanding:	
	auto andaiy		Name of Employer .	
Mailing Address			Occupation	
0.4			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	
	s Page (optional)			
total Of Receipts This	go (op.ionai)			

2021:10:15:08:00M8840M

Schedule C-P-1 Federal Election Commission 1050 First Street, N.E. Washington, D.C. 20463

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary from Information found on Page ___ of Schedule C-P

NAME OF COMMITTEE (in full, type or print) FEC IDENTIFICATION NUMBER COMMITTEE (in full, type or print)
COMMITTEE TO ELECT MICHAEL BICKELMEYER
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)
<u> </u>
CITY STATE ZIP CODE
AMOUNT OF LOAN INTEREST RATE (APR) %
DATE INCURRED OR ESTABLISHED
A. Has loan been restructured? If yes, date originally incurred:
B. If line of credit:
Amount of this draw Total outstanding balance
C. Are other parties secondarily liable for the debt incurred? No Yes (Endorsers and guarantors must be reported on Schedule C-P.)
D. Are ANY of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes
If yes, specify:
What is the value of this collateral: Does the lender have a perfected security interest in it? No Yes
E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan? No Yes
If yes, specify:
What is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2)(iii) and 100.144(e)(2)(iii). Date account established:
Location of account:
Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account:
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

	•
G. Type or Print Name of Committee Treasurer MICHAEL BICKELMEYER	
Signature of Treasurer Manhaul Buckelm	negr Date 09'30' 2021
H. Attach a signed copy of the loan agreement.	
I. TO BE SIGNED BY THE LENDING INSTITUTION:	
	ne loan and other information regarding the extension of the loan are accurat
The loan was made on terms and conditions (including int extensions of credit to other borrowers of comparable credit	terest rate) no more favorable at the time that those imposed for similar
 This institution is aware of the requirement that a loan mu- requirements set forth in 11 CFR 100.82(e)(2)(iii) and 100.1 	ist he made an a back at the
Type or Print Name of Authorized Representative	
Title	
Signature of Authorized Representative	Date
	Mam , Dag , Askarak

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FEC Schedule D-P (Form 3P) (Revised 05/2016)

SCHEDULE D-P **DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line) (check only one)

PAGE FOR LINE NUMBER:

NAME OF COMMITTEE (In Full) COMMITTEE TO FIFCT MTCHAFI RTCKEIMEN

Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period Outstanding Balance at Close of This Period Outstanding Balance Beginning This Period Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Outstanding Balance at Close of This Period Payment This Period Outstanding Balance at Close of This Period Payment This Period Outstanding Balance at Close of This Period Payment This Period Outstanding Balance at Close of This Period Payment This Period Outstanding Balance At Close of This Period Payment This Period Outstanding Balance At Close of This Period Outstanding Balance At Close of This Period Outstanding Balance At Close of This Period Outstanding Balance At	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period Payment This Period Outstanding Balance at Close of This Period Outstanding Balance Beginning This Period Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period				
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period	Mailing Address			
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Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period Outstanding Balance at Close of This Period Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period	Outstanding Balance Beginning This Period			
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 Payment This Period Nature of Debt (Purpose): Nature of Debt (Purpose): Nature of Debt (Purpose): Outstanding Balance at Close of This Period				
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 Payment This Period Nature of Debt (Purpose): Nature of Debt (Purpose): Nature of Debt (Purpose): Outstanding Balance at Close of This Period	Amount Incurred This Period	_		•
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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 Payment This Period Outstanding Balance at Close of This Period	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		7
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Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period SUBTOTALS This Period This Page (optional) TOTALS This Period (last page this line number only) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only)	withing Address			
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period SUBTOTALS This Period This Page (optional) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only)	City	State	Zip Code	
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period SUBTOTALS This Period This Page (optional) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only)				
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page this line number only) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only)	Outstanding Balance Beginning This Period			•
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TOTAL OUTSTANDING LOANS from Schedule C-P (last page only)	TOTALS This Period (last page this line number or	nlv)	9	<u> </u>
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	TOTAL OUTSTANDING LOANS from Schedule C-	P (last page o	only)	
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