WENT DATE DATE DESCRIPTION

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED FEC MAIL CENTER

2022 HAR 21 PH 12: 01

	Cilios Cot Ciliy
1. NAME OF COMMITTEE (in full, type or print)	Example: If typing, type over the lines. 12FE4M5
COMMITTEE TO ELECT MIC	HAEL BICKELMEYER
ADDRESS (number and street) 399 PEARL R	DA.D.
Check if different than previously reported. (ACC) BRUNSWICK CITY	0H 44212 - STATE ZIP CODE
2. FEC IDENTIFICATION NUMBER CO.O.S.S.3	0.06
3. TYPE OF REPORT (Choose One)	Check here if this is a Termination Report (TER)
Quarterly Reports:	Monthly Reports:
April 15 (Q1) October 15 (Q3) July 15 (Q2) January 31 Year-End Report (YE)	Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10)) Jan 31 (YE)
12-Day Pre-Election Report for the Election on in the State of	30-Day Post-Election Report for the General Election on
4. IS THIS REPORT AND AMENDMENT? yes no	•
5. COVERING PERIOD O O O O O O	тняоця <u>03</u> 1 <u>3</u> 1 <u>3</u> 0 <u>5</u> 3
I certify that I have examined this Report and to the best of my kr	nowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Michael Bicker	meyer
Type or Print Name of Treasurer Michael Bicker Signature of Treasurer Muhael Bukelmeye	Date 03 3 1 2 0 2 a
NOTE: Submission of false, erroneous, or incomplete information ma All previous versions of this form a	y subject the person signing this Report to the penalties of 52 U.S.C. §30109 are obsolete and should no longer be used.
Office Use Only	

Write or Type Committee Name

COMMITTEE TO ELECT MICHAEL BICKELMEYER

Report	Covering	the	Period:
Hobour	Covering	1110	1 01100.

From:







SUMMARY

6.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	481
7.	TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<u>, 378,43</u>
8.	SUBTOTAL (Lines 6 and 7)	, , , , 3, 8, 3, 2, 3
9.	TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	37323
10.	CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8)	, , , , , , , , , , , , , , , , , , ,
11.	DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	
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.)	

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14.	NET CONTRIBUTIONS (Other than Loans)	
	NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3)	
	the construction of the co	
	(Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4)	639803

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

NAME OF COMMITEE (in Full)

of Receipts

Page 3

5		M = L = L	1 WTCHYEL BICK	ELMEYER	
Repo	Report Covering the Period: From: 01 01 2032 To: 03 131 2022				
THE CHARLES		I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
16.	FEDE	ERAL FUNDS (Itemize on Schedule A-P)			
17.	(a)	TRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees) itemized			
		i) unitemized	<u></u>	39.020	
	(ii	ii) Total contributions		39.00	
	(b)	Political Party Committees			
	(c)	Other Political Committees The Candidate			
	(e)	TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))		[
		NSFERS FROM OTHER AUTHORIZED	1	1	
19.		NS RECEIVED: Loans Received From or Guaranteed by Candidate			
	(b)	Other Loans			
	(c)	TOTAL LOANS (Add 19(a) and 19(b)			
A	(Refu	SETS TO EXPENDITURES inds, Rebates, etc.): Operating		27945	
	(b)	Fundraising			
	(c)	Legal and Accounting			
	(d)	TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))		a.7.9.4.5	
21.	OTH	ER RECEIPTS (Dividends, Interest, etc.)	[
		AL RECEIPTS 16, 17(e), 18, 19(c), 20(d) and 21)		6.681.47	
			The second secon	and the second s	

DETAILED SUMMARY PAGE

of Disbursements and Contributed Items

Page 4

	FEC Form 3P (Rev. 05/2016) of Di	sbursements and Contributed Items	Page 4
NAI C C	ME OF COMMITEE (in Full)	T MICHAFL BICK	ELMEYER
_ن_ا			
Repo	ort Covering the Period: From:	′ <mark>6.7</mark> ′ <u>3.0.3.3</u> то:	03'31'20,22
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
23.	OPERATING EXPENDITURES	273.23	6.6.7748
24.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
25.	FUNDRAISING DISBURSEMENTS		
26.	EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		
27.	LOAN REPAYMENTS MADE: (a) Repayments of Loans made or Guaranteed by Candidate	 	
	(b) Other Repayments	[
	(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		
28.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political		
	(a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		<u></u>
	(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))		
29.	OTHER DISBURSEMENTS		
30.	TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	(6,6,7,7.4.8
	III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)	_	
31.	ITEMS ON HAND TO BE LIQUIDATED (Attach List)		

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 fu		
COMMITTEE TO	ELECT MICHAEL	BICKELMEYER
1		
ADDRESS (number and street)	7,9, PEARL, ROAD,	
· · · · · · · · · · · · · · · · · · ·		
□ B	RUNSWICK	04 442121-
المالية المالي	CITY	STATE ZIP CODE
3. NAME OF CANDIDATE	ICHAEL BICKELME	YER
	ALLOCATION BY STA	TE
STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		

STATE **ALLOCATION This Period** Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska Nevada New Hampshire New Jersey **New Mexico** New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania

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ili. Tarang manggaman angan angan manangga angan manangga ang
والمعروضين والمراد الهجمالها المهاسمي بمعر بالمهاسمواليا
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Lange in factor to the back
<u>ka aramana yana ban kanayanaban kanayara kanakara</u> aramana angaragan dakan kana kangarangan yangara
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Land with the Market Land of the state of
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TOTAL ALLOCATION To Date

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date 'Page 7
Rhode Island		
South Carolina	7	
South Dakota	(1)	
Tennessee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Texas	(3)	
Utah	7-1-1-2-1-2-1-1-2-1-1-2-1-1-1-2-1-1-1-1-	
Vermont	(2)	5) 5
, Virginia	37	57
Washington	(2)	
West Virginia		
Wisconsin		(3)
· Wyoming		
. Puerto Rico		
Guam	, , , , , , , , , , , , , , , , , , , ,	
Virgin Islands	5	
TOTALS		

•	EXPENDITURES SUBJECT TO LIMIT		0
FEC	Form 3P (Used Only by Primary Committees Receiving or Expecting To	Heceive Federal Funds)	Page 8
NAME	OF COMMITTEE (IN FUIL) MMITTEE TO ELECT MICHAEL BI	CKELMEYER	
Report	Covering the Period: From:	то: 03/3/	΄ Ž,δ,δ
Α.	OPERATING EXPENDITURES (Line 23, Column B)	6	677
В.	OPERATING OFFSETS (Line 20a, Column B)		279.
C.	NET OPERATING EXPENDITURES (for the election cycle) (Subtract Line B from A)	6	398
D.	FUNDRAISING DISBURSEMENTS (Line 25, Column B)		- j - d - d - d
E.	OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B)		- j l
F	NET FUNDRAISING DISBURSEMENTS (for the election cycle) (Subtract Line E from D)		ijA
G.	20% EXEMPTION (20% of Overall Expenditure Limit)		.j,
н.	TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT (Subtract Line G from F)		5 1
	TOTAL EXPENDITURES SUBJECT TO LIMITATION		9 9 9

ITEMIZED RECEIPTS Detailed Summary Page 19b 19a 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) TO ELECT MICHAEL BICKELMEYER Full Name (Last, First, Middle Initial) Bickelmeyer, Michae Date of Receipt City Zip Code 44212 Bruhswi FEC ID number of contributing federal political committee. Amount of Each Receipt this Period Occupation Name of Employer 0.0.0 Receipt For: Memo Item Primary General Other (specify) B. Full Name (yast, First, Middle Initial) Date of Receipt Sickelmeyer, Michae Mailing Address 399 Pear Zip Code State Brinswic FEC ID number of contributing federal political committee. Amount of Each Receipt this Period Occupation Name of Employer Receipt For: Election Cycle-to-Date Memo Item Primary General Other (specify) C. Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address Zip Code City State FEC ID number of contributing federal political committee. Amount of Each Receipt this Period Name of Employer Occupation Receipt For: Election Cycle-to-Date Memo Item Primary General Other (specify)

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

Total This Period (last page this line number only)

Use separate schedule(s) for each category of the

SCHEDULE A-P

PAGE

17c

FEC Schedule A-P (Form 3P) (Rev. 05/2016)

17b

FOR LINE NUMBER:

17a

(check only one)

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OF

17d

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UDAUD Section

SCHEDULE B-P (check only one) Use separate schedule(s) for each category of the 23 24 ITEMIZED DISBURSEMENTS Detailed Summary Page

FOR LINE NUMBER: PAGE 25 26 27a 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) COMMITTEE TO ELECT MICHAEL BICKELMEYER Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address Zip Code State **FEC Identification Number** City Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Disbursement For: Office Sought: House Primary General Senate Other (specify) \(\psi\) Memo Item President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address Zip Code State City **FEC Identification Number** Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Disbursement For: Office Sought: House General Primary Senate Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address State Zip Code City **FEC Identification Number** Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Disbursement For: Office Sought: House General Primary Senate Other (specify) President Memo Item District: State: Subtotal Of Receipts This Page (optional)..... Total This Period (last page this line number only)).....

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SCHEDULE C-P LOANS

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

PAGE OF

OANS	or the Detailed Sum	mary rage	(check only one) 19a 19b
AME OF COMMITTEE (In Full)	2		
OMMITTEE TO EL	ECT MICHAE	EL BICK	ELMEYER
LOAN SOURCE Full Name (Last, First,			o Item
Mailing Address			Other (specify)
City	State Zip C	ode	Personal Funds of the Candidate
Original Amount of Loan	Curnulative Payment To	Date	Balance Outstanding at Close of This Period
Date Incurred M M / O D / Y Y Y Y List All Endorsers or Guarantors (Date Due	e Inter	rest Rate (if none, enter 0) Secured: % (apr) Yes No
Full Name (Last, First, Middle Initial		Name of Employe	er .
Mailing Address		Occupation	
City	ate ZIP Code	Amount Guaranteed Outstanding:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
2. Full Name (Last, First, Middle Initial		Name of Employ	er .
Mailing Address		Occupation Amount	
City	ate ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employ	er
Mailing Address	1	Occupation	
City	ate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia)	Name of Employ	rer
Mailing Address		Occupation	
City	ate ZIP Code	Amount Guaranteed Outstanding:	
Subtotal Of Receipts This Page (opt	ional)		
Total This Period (last page this line	number only)		
Carry outstanding balance only to Line 3,	Schedule D-P, for this line. If r	o Schedule D-P, car	ry forward to appropriate line of Summary Page.

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

NONO DM - NH - DM - DDSDD009H

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

FEC Form C-P-1 (Rev. 03/2011)

washington, D.C. 20463				
NAME OF COMMITTEE (in full,	, type or print) FEC	DENTIFICATION N	UMBER CODSS	3206
COMMITTEE 7	O ELECT MICH	AEL BIC	KELMEYER	
FULL NAME, MAILING ADDRE	ESS AND ZIP CODE OF LENDING	INSTITUTION (LENI	DER)	
	1 1 1 1 1 1 1 1 1 1 1 1			
CITY	STATE	ZIP.COD	E E	
AMOUNT OF LOAN	-5-4-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1	INTEREST RATE (A	APR) %	
DATE INCURRED OR ESTABL	LISHED WAY (DID (DATE	DUE MAN / DAD /	****
A. Has loan been restructured	d? If yes, date original No Yes	ally incurred:	, 0.00	
B. If line of credit:	Amount of this draw	Total outstand	ing balance	
C. Are other parties secondar	rily liable for the debt incurred?	Yes (Endorsers and	guarantors must be reported on .	Schedule C-P.)
D. Are ANY of the following certificates of deposit, chall figure 1. The specification of the following certificates of the following certification of the	pledged as collateral for the loan: real eattel papers, stocks, accounts receivable	e, cash on deposit, or o	y, goods, negotiable instruments other similar traditional collateral?	No Yes
What is the value of this of	collateral: , , , , , , , , , , , , , , , , , , ,		Does the lender have a perfected security interest in it?	No Yes
	c financing pledged as collateral for this	loan? No Yes	•	, ,
If yes, specify:				
What is the estimated val	lue?	-: 4		
	st be established pursuant to ad 100.144(e)(2)(iii). Date account established	shed:	, 40 , 444, 44	
Location of account:		111111		
	ne Secretary of the U.S. Treasury to make financing payments to the depository ac		, , , , , , , , , , , , , , , , , , , ,	
F. If neither of the types of loan amount, state the ba	collateral described above was pledged asis upon which this loan was made and	for this loan, or if the a	amount pledged does not equal ssures repayment.	or exceed the
				التبيي

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G.	Туре	or Print Name of Committee Treasurer CHAEL BICKELMEYER
н	_	nature of Treasurer Muchael Bickelmeyer Date 03' 37' 2027
	,,,,,	on a signed supply of the loan agreement.
1.	TO	BE SIGNED BY THE LENDING INSTITUTION:
	1.	To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accur as stated above.
	2.	The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
	3.	This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with trequirements set forth in 11 CFR 100.82(e)(2)(iii) and 100.144(e)(2)(iii) in making this loan.
	Тура	e or Print Name of Authorized Representative
	Ц	
	Title	
	Sigr	nature of Authorized Representative Date
		Man, Dag, Varana

NOON THE TON LONG TON TONGO

SCHEDULE D-P DEBTS AND OBLIGATIONS (Excluding Loans)

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

			Tidinocied line) (check only only 112
AME OF COMMITTEE (In Full)		•	
OMMITTEE TO ELECT	r MICH	HAEL BIC	KELMEYER
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of Debt (Purpose):
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Mailing Address			·
0.3	State Zip Code		
City	State	alp odds	
Outstanding Balance Beginning This Period	•		•
			•
	Oou	ment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period	Pay	ment mis renod	Calculating Balance at the second
3 3 3 3			
S. S. II Name (Last Size Middle Initial) of Dob	tor or Creditor		Nature of Debt (Purpose):
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Mature of Best (Fulposo).
Mailing Address			
City	State	Zip Code	
Oity	June		
(1) (1) (1) (1) (1) (1) (1) (1)			4
C. Full Name (Last, First, Middle Initial) of De	btor or Creditor	-	Nature of Debt (Purpose):
•			
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
			•
Amount Incurred This Period	I Pa	yment This Period	Outstanding Balance at Close of This Period
And the figured this rend	-		
) SUBTOTALS This Period This Page (optional	l)	••••••••	
2) TOTALS This Period (last page this line num	TOTALS This Period (last page this line number only)		
3) TOTAL OUTSTANDING LOANS from Sched			
	winter line of Com-	nani Paga fiaet nage o	nly)
4) ADD 2) and 3) and carry forward to approp	nate line of Sumn	ilaly rage (last page of	