

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 MAILCENTER

2024 APR -1 AM 10:29

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

COMMITTEE TO ELECT MICHAEL BICKELMEYER

ADDRESS (number and street)

399 PEARL ROAD

Check if different than previously reported. (ACC)

BRUNSWICK

CITY

OH STATE

44212 ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00553206

3. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1) [checked]
July 15 (Q2)
October 15 (Q3)
January 31 Year-End Report (YE)

- Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11)
Dec 20 (M12)
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 [checked]

5. COVERING PERIOD

01 01 2024 THROUGH 03 31 2024

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 Bickelmeyer

Signature of Treasurer

Michael Bickelmeyer

Date

03 31 2024

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

From:

01 ' 01 ' 2024

To:

09 ' 01 ' 2024

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	33,770
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	3,849.99
8. SUBTOTAL (Lines 6 and 7) .....	41,876
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4) .....	41,666
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8) .....	210
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) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3) .....	7,187.01
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4) .....	7,190.92

11-10-2024 10:40:40 AM



DETAILED SUMMARY PAGE  
of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

COMMITTEE TO ELECT MICHAEL BICKELMEYER

Report Covering the Period: From:

01 ' 01 ' 2024

To:

04 ' 01 ' 2024

II. DISBURSEMENTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

23. OPERATING EXPENDITURES.....	4,166.66	7,470.37
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 Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees .....		
(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).....		7,470.37

III. CONTRIBUTED ITEMS  
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED  
(Attach List) .....

Empty boxes for reporting contributed items.

INDIVIDUALS AND POLITICAL ORGANIZATIONS

**ALLOCATION OF PRIMARY EXPENDITURES  
 BY STATE FOR  
 A PRESIDENTIAL CANDIDATE**  
 (Used Only by Primary Committees Receiving  
 or Expecting To Receive Federal Funds)

1. NAME OF COMMITTEE (in full, type or print) 2. FEC IDENTIFICATION NUMBER **C000553206**  
**COMMITTEE TO ELECT MICHAEL BICKELMEYER**

ADDRESS (number and street) **399 PEARL ROAD**  
**BRUNSWICK** **OH** **44212**  
 CITY STATE ZIP CODE

3. NAME OF CANDIDATE **MICHAEL BICKELMEYER**

**ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		

NON-FEDERAL FUNDS

NONDISCRIMINATION NOTICE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
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		



EXPENDITURES SUBJECT TO LIMITATION

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

NAME OF COMMITTEE (in Full)

COMMITTEE TO ELECT MICHAEL BICKELMEYER

Report Covering the Period:

From:

07 ' 01 ' 2024

To:

04 ' 01 ' 2024

A. OPERATING EXPENDITURES  
(Line 23, Column B)

7,470.37

B. OPERATING OFFSETS  
(Line 20a, Column B)

2,794.5

C. NET OPERATING EXPENDITURES (for the election cycle)  
(Subtract Line B from A)

7,190.92

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)

I. TOTAL EXPENDITURES SUBJECT TO LIMITATION  
(Add Lines C and H)

NON-PROFIT ORGANIZATION



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<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

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 ELECCT MICHAEL BICKELMEYER**

A. Full Name (Last, First, Middle Initial)

**Bickelmeyer, Michael**

Mailing Address

**399 Pearl Road**

City

**Brunswick**

State

**OH**

Zip Code

**44212**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Allied Universal Security**

Occupation

**Security Officer**

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

\_\_\_\_\_

Date of Receipt

**01** / **30** / **2024**

Amount of Each Receipt this Period

**99.99**

Memo Item

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

**Bickelmeyer, Michael**

Mailing Address

**399 Pearl Road**

City

**Brunswick**

State

**OH**

Zip Code

**44212**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Allied Universal Security**

Occupation

**Security Officer**

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

\_\_\_\_\_

Date of Receipt

**03** / **04** / **2024**

Amount of Each Receipt this Period

**285.00**

Memo Item

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

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period

\_\_\_\_\_

Memo Item

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

\_\_\_\_\_

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

\_\_\_\_\_

NON-FOR-PROFIT ORGANIZATION

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

**COMMITTEE TO ELECT MICHAEL BICKELMEYER**

Full Name (Last, First, Middle Initial)

A. **Bickelmeyer, Michael**

Mailing Address

**399 Pearl Road**

City

**Brunswick**

State

**OH**

Zip Code

**44212**

Purpose of Disbursement

**Go Daddy Campaign Website**

Candidate Name

**Michael Bickelmeyer**

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

**01 / 31 / 2024**

FEC Identification Number

**C00553206**

Amount of Each Disbursement this Period

**9999**

Memo Item

Full Name (Last, First, Middle Initial)

B. **Bickelmeyer, Michael**

Mailing Address

**399 Pearl Road**

City

**Brunswick**

State

**OH**

Zip Code

**44212**

Purpose of Disbursement

**Go Daddy Campaign Website**

Candidate Name

**Michael Bickelmeyer**

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

**03 / 05 / 2024**

FEC Identification Number

**C00553206**

Amount of Each Disbursement this Period

**31667**

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

**MM / DD / YYYY**

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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

NON-PROFIT ORGANIZATION



### LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found  
on Page \_\_\_ of Schedule C-P

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER

**C00553206**

**COMMITTEE TO ELECT MICHAEL BICKELMEYER**

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY

STATE

ZIP CODE

AMOUNT OF LOAN

\_\_\_\_\_

INTEREST RATE (APR)

\_\_\_\_\_ %

DATE INCURRED OR ESTABLISHED

MM / DD / YYYY

DATE DUE

MM / DD / YYYY

A. Has loan been restructured?

No  Yes

If yes, date originally incurred:

MM / DD / YYYY

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 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:

MM / DD / YYYY

Location of account:

\_\_\_\_\_  
\_\_\_\_\_

CITY

STATE

ZIP CODE

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account:

MM / DD / YYYY

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

*Michael Bickelmeier*

Date

03 / 31 / 2024

H. Attach a signed copy of the loan agreement.

I. 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 accurate 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 the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

\_\_\_\_\_

Title

\_\_\_\_\_

Signature of Treasurer

\_\_\_\_\_

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

NON-RECEIVED

