2024 : 04 : 01 : 08 : 00465/40

FEC FORM 3P

REPORT OF RECEIPTS **AND DISBURSEMENTS**

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

2024 APR - 1 AM 10: 29

	Office Use Only
NAME OF COMMITTEE (in full, type or print)	Example: If typing, type over the lines. 12FE4M5
COMMITTEE TO ELECT MICH	IAFL, BICKELMEYER
ADDRESS (number and street)	?AD
Check if different than previously reported. (ACC) BRUNSWICK	0H (4,4,2,1,2)- STATE ZIP CODE
2. FEC IDENTIFICATION NUMBER CO.O.S.S.3.2	STATE ZIP CODE
3. TYPE OF REPORT (Choose One)	Check here if this is a Termination Report (TER)
Quarterly Reports:	Monthly Reports:
July 15 (Q2) January 31 Year-End Report (YE)	Feb 20 (M2)
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?	
5. COVERING PERIOD OT OT 2024	тняоидн 05 '31 '3029
I certify that I have examined this Report and to the best of my knowle	edge and belief it is true, correct and complete.
Type or Print Name of Treasurer Michael Bickely	neyer
Signature of Treasurer Maihaul Bickelman	Date 03 131 2024
NOTE: Submission of false, erroneous, or incomplete information may subj All previous versions of this form are ob-	ject the person signing this Report to the penalties of 52 U.S.C. §30109. solete and should no longer be used.
Office Use Only	

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	FEC Form 3P (Rev. 05/2016)	Page 2
,	Nrite or Type Committee Name	1 age 2
(COMMITTEE TO ELECT MICHAEL BICK	ELMEYER
-	Report Covering the Period: From:	04 01 2024
S	JMMARY	
6.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	. ????
7.	TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	701700
8.		<u> </u>
9.	TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	, , , , , , , , , , , , , , , , , , , ,
10	CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8)	, , , , 4.1.6.6.6
11	DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	, <u>, , , , , , , , , , , , , , , , , , </u>
12.	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	<u> </u>
13.	EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.)	<u> </u>
NE	T ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPEND	j
14.	NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3)	710701
15.	NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4)	<u>, , , , , , , , , , , , , , , , , , , </u>

DETAILED	SUMMARY	PAGE
	of Receipts	

FEC Form 3P (Rev. 05/2016)

	1 20 1 01111 SF (Nev. 03/2016)	of Receipts	Page 3
C	ME OF COMMITEE (IN FUII) MMITTEE TO ELEC	T, MICHAEL, BICK	E,LME,Y,E,R,
			1111111111
Repo	ort Covering the Period: From:	' \$7 ' \$ 039 To:	09 07 2024
***************************************	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. F	EDERAL FUNDS (Itemize on Schedule A-P)		
	CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other Than Political Committees		<u></u>
	(i) itemized	3-4-4-07-4-07-4-07-4-07-4-07-4-07-4-07-4	39.00
	(ii) uniternized		3900
((b) Political Party Committees		, , , , , , , , , , , , , , , , , , , ,
((c) Other Political Committees		
(d) The Candidate	38499	714951
(1	e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))		
18. TF	RANSFERS FROM OTHER AUTHORIZED DMMITTEES	9-9-9-6-9	, , , , , , , , , , , , , , , , , , ,
	DANS RECEIVED:		9
(6	Loans Received From or Guaranteed by Candidate		
(k	o) Other Loans	7) (1)	()
(0	c) TOTAL LOANS (Add 19(a) and 19(b)	, , , , , , , , , , , , , , , , , , , ,	()
	FSETS TO EXPENDITURES efunds, Rebates, etc.): a) Operating		770//0
(b) Fundraising		8.7.7.7.3
(c	e) Legal and Accounting		(1)
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))		(7)
21. OT	HER RECEIPTS (Dividends, Interest, etc.)		, 27945
22. TO	TAL RECEIPTS d 16, 17(e), 18, 19(c), 20(d) and 21)		7,46647

DETAILED SUMMARY PAGE

		sbursements and Contributed Items	Page 4
2	AME OF COMMITTEE (in Full)	T MICHAEL BICK	E, L, M, E, Y, E, R
Re	port Covering the Period: From:	' 67 ' 5024 To:	04'07'2024
-	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
23.	OPERATING EXPENDITURES		71/7/02/5
24.	TRANSFERS TO OTHER	0/-1-9-6-6	1,71.0.3./
	AUTHORIZED COMMITTEES		
25.	FUNDRAISING DISBURSEMENTS		
26.	EXEMPT LEGAL AND	()	(7)
	ACCOUNTING DISBURSEMENTS		
27.	LOAN REPAYMENTS MADE: (a) Repayments of Loans made or Guaranteed		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(a) Repayments of Loans made or Guaranteed by Candidate		
	(b) Other Repayments	(1)	(5) (5)
			5
	(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		
28.	REFUNDS OF CONTRIBUTIONS TO:	7)	5) 1 2 3
	(a) Individuals/Persons Other Than Political Committees		
			7
	(b) Political Party Committees		
	(c) Other Political Committees		
	(d) TOTAL CONTRIBUTION REFUNDS	9 9	(5) (8)
	(Add 28(a), 28(b) and 28(c))	(P)	
29.	OTHER DISBURSEMENTS		
	TOTAL DISBURSEMENTS		
	(Add 23, 24, 25, 26, 27(c), 28(d) and 29)		7,47.037
	III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)		
31	ITEMS ON HAND TO BE LIQUIDATED		
υI.	(Attach List)		

2024 - 04 - 01 - 0M - 004652444

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

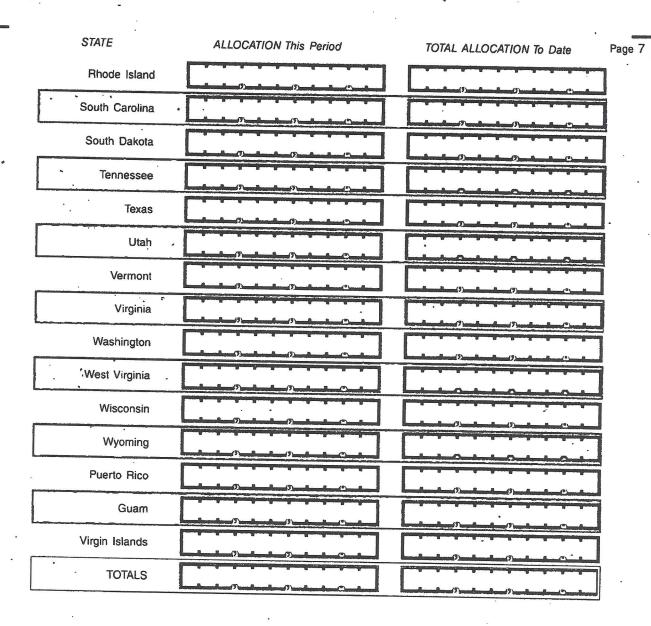
ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE

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

Page 5

	ME OF COMMITTEE (in full,			00.0553	206
COL	MITTEE TO	EEFCT MIGHAEL	BIJCKEL	MEYER	
L		· 			
ADDF	RESS (number and street) 39	9 PEARL ROAD			
	٠ـــ				
	BR	U.N.S.W.T.C.K.	OH STATE	4,4,2,1,2-L ZIP CODE	<u> </u>
3. N	AME OF CANDIDATE	GHAEL BIGKELME	7,5R, , ,	·	
		ALLOCATION BY STA	TE		
	STATE	ALLOCATION This Period	TOTAL ALLO	OCATION To Date	
	Alabama			(9)	
	Alaska				
	Arizona				
	Arkansas				
	California	7-7-7-1			
	Colorado				
	Connecticut				
	Delaware				
	District of Columbia				-
•	Florida		4	,	
	Georgia :				
•	Hawaii	9-1-9-1-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
	·Idaho			<i></i>	
	Illinois		2		

	STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date	Page 6
	Indiana			2
	lowa			
	Kansas			
	Kentucky .			
	Louisiana			
	Maine			
	Maryland			
	Massachusetts			
	Michigan			
	Minnesota			
	Mississippi			
9	Missouri			
	Montana			
	Nebraska			
	Nevada			
	New Hampshire			
	New Jersey			
	New Mexico			
	New York			
	North Carolina			
	North Dakota			
	Ohio			
	Oklahoma -			
	Oregon	, , , , , , , , , , , , , , , , , , , ,		
	Pennsylvania			
FEC For	rm 3P (Řev. 05/2016)			



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NAM	EXPENDITURES SUBJECT TO LIMITATION (Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds) Page 8 DE OF COMMITEE (in Full)
[5,0	MMITTEE TO ELECT MICHAEL BICKELMEYER
Repor	t Covering the Period: From: 01'01'2024 To: 04'01'2024
A.	OPERATING EXPENDITURES (Line 23, Column B)
B.	OPERATING OFFSETS (Line 20a, Column B)
C.	
	<u> </u>
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)
н.	TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT (Subtract Line G from F)
I.	TOTAL EXPENDITURES SUBJECT TO LIMITATION (Add Lines C and H)

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SCHEDULE A-P ITEMIZED RECEIPTS

PAGE FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 16 17a 17b **Detailed Summary Page** 19a 19b

OF

17d

17c

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 ELELCT MICHAEL RICKFI Full Name (Last, First, Middle Initial) Date of Receipt State FEC ID number of contributing federal political committee. Amount of Each Receipt this Period Name of Employer Occupation Allea u Receipt For: ecurity Election Cycle-to-Date Primary Memo Item General Other (specify) B. Full Name (Last, First, Middle Initial) Bicke/meye Date of Receipt State Brunshic FEC ID number of contributing federal political committee. Amount of Each Receipt this Period Name of Employer Occupation Receipt For: Memo Item Primary General 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)

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

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SCHEDULE B-P	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
ITEMIZED DISBURSEMENTS	for each category of the	(check only one)
	Detailed Summary Page	23 24 25 26 27a
Any information copied from such Reports and Statements		27b28a28b28c29
Any information copied from such Reports and Statements nor for commercial purposes, other than using the name and	nay not be sold or used by any po	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	addition of any pointed committee	to solicit contributions from such committee.
>		
VCOMMITTEE TO ELECT N	IICHAEL BIC	KELMEYED
Full Name (Last, First, Middle Initial)	1+011/150 070	12/12/12/
A D 10-		Date of Disbursement
"Bickelmeyer, Michael		The State of State of the State
Mailing Address		1 611 1311 15 6 50
399 Pearl Road		
City State	Zip Code	FEC Identification Number
Purpose of Disbursement	144212	
	1.40	1 CO.055.32.0.6
Candidate Name (amogign Web	5)74	
Michael Bickelmeyer	Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursement For	. Type	a'a'a'a
Senate Primary	General	
President Other (s		
State: District:	, , , , , , , , , , , , , , , , , , ,	Memo Item
Full Name (Last, First, Middle Initial)		
B. 2-1.		Date of Disbursement
Bickelmeyer, Michael		
ivialling Address // /		03'05'2624
399 Pear Road		
Recursor	Zip Code	FEC Identification Number
Purpose of Disbursement	1442/2	The state of the s
Go Daddy Campaign Webs;	+0	C00553206
Candidate Name		
Michael Bickelmeyer	Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursement For:		7,7,7,7
Senate Primary	General	
President Other (sp	pecify) w	П.,
State: District:		Memo Item
Full Name (Last, First, Middle Initial)		
C.		Date of Disbursement
Mailing Address		M M / D n / V V V V V V V V V V V V V V V V V V
Mailing Address		
City State	(Zin Code	
State	Zip Code	FEC Identification Number
Purpose of Disbursement		
Candidate Name	Category/	Amount of Each Disbursement this Period
	Type	Amount of Each Disbursement this Period
Office Sought: House Disbursement For:		
Senate Primary	General	
President Other (sp.	ecify)	Memo Item
State: District:		
Subtotal Of Receipts This Page (optional)	h	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Total This Period (last page this line number only))		
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TOPE OUNTEDIN	-	
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STATE OF		
	COLO.	

SCHEDULE C-P LOANS

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

PAGE

LOANS	of the Detailed	Summary Page	FOR LINE NUMBER: 19a 19b			
NAME OF COMMITTEE (In Full)						
COMMITTEE TO ELL	ECT MICH	AEL BICKE	ELMEYER			
LOAN SOURCE Full Name (Last, First, Mailing Address	Middle Initial)	☐ Men				
City	State Z	ip Code	Personal Funds of the Candida			
Original Amount of Loan	Cumulative Payment	t To Date	Date Balance Outstanding at Close of This Peri			
Date Incurred M M / D D / Y Y Y Y	M M / D D /	A . A . A . A	rest Rate (if none, enter 0) Secured: % (apr) Yes No			
1. Full Name (Last, First, Middle Initial)	any) to Loan Source	Name of Employe	ır			
Mailing Address		Occupation				
City	ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employe	Name of Employer			
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:	5			
3. Full Name (Last, First, Middle Initial)	•	Name of Employer				
Mailing Address		Occupation				
City	ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City	ZIP Gode	Amount Guaranteed Outstanding:				
Subtotal Of Receipts This Page (optional	l)					
Total This Period (last page this line num	nber only)					
Carry outstanding balance only to Line 3, Sche	dule D-P, for this line. If	no Schedule D-P, carry f	orward to appropriate line of Summary Page.			

2024-04-01-03-00465251

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

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 COOSS 70/
COMMITTEE TO ELECT MICHAEL BICKELNEYER
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 " DATE DUE DATE DUE
A. Has loan been restructured? No Yes 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 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:
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:

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.	
		1
1		
G.	Type or Print Name of Committee Treasurer	
	MICHAEL BICKELMEYER	
	Signature of Treasurer Mulhaul Bukelings Date 03 '37' 28	3 4
H.	Attach a signed copy of the loan agreement.	
	TO BE SIGNED BY THE LENDING INSTITUTION:	
	 To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are as stated above. 	accurate
	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.	ilar
;	 This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan. 	with the
	Type or Print Name of Authorized Representative	
L		
•	Title	
L		
5	Signature of Treasurer Date	
•••	May , Dad , Alkakak	

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SCHEDULE D-P

PAGE

DEBTS AND OBLIGATIONS (Exclude	schedule(s) for each	FOR LINE NUMBER: 11					
NAME OF COMMITTEE (In Full)			numbered line)	(check only one) 12			
COMMITTEE TO ELECT MICHAEL BICKELMEYER A. 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	Pay	ment This Period	Outstandır	ng Balance at Close of This Period			
B. Full Name (Last, First, Middle Initial) of Debtor	as Condition						
5. Fall Name (East, 1915), Wildele mittal) of Deptor or Creditor				ebt (Purpose):			
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period							
Amount Incurred This Period	Payr	ment This Period	Outstandin	g Balance at Close of This Period			
C. Full Name (Last, First, Middle Initial) of Debtor	Nature of De	bt (Purpose):					
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period		.1					
Amount Incurred This Period	Paym	nent This Period	Outstanding	Balance at Close of This Period			
SUBTOTALS This Period This Page (optional)	(5)	() ()		6			
2) TOTALS This Period (last page this line number or				<u></u>			
4) ADD 2) and 3) and carry forward to appropriate lin)				