FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) MTCHAFI BTCKEI MEVED
(b) Address (number and street)
399 Pear Road C00553206
(c) City, State, and ZIP Code Bryn Swick Ohio 44212 3. Is This New Amended Statement (N) OR (A)
4. Party Affiliation 5. Office Sought 6. State & District of Candidate
Republican President Ohio
DEGIONATION OF PRINCIPAL CAMPAIGN COMMITTEE
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2028 election(s).
NOTE: This designation should be filed with the appropriate office listed in the instructions. (year of election)
(a) Name of Committee (in full)
Committee To Elect MICHAEL BICKELMEYER
399 D 1D
(c) City, State, and ZIP Code
Brunswick, Ohio. 44212
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 Date
300 / 10 / 10
Michael Beckolmener 11-11-2024
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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Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	3. 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		
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		
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		
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	(a) Name of Committee (in full)		
	(b) Address (number and street)		
	(c) City, State, and ZIP Code		