

**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  
2018 JUN 19 AM 10:50  
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)    October 15 (Q3)    Feb 20 (M2)    May 20 (M5)    Aug 20 (M8)    Nov 20 (M11)  
 July 15 (Q2)    January 31 Year-End Report (YE)    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  30-Day Post-Election Report for the General Election on  
 in the State of

4. IS THIS REPORT AND AMENDMENT?  yes  no

5. COVERING PERIOD 04 / 01 / 2018 THROUGH 06 / 30 / 2018

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 07 / 01 / 2018

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							
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2018-06-19 10:50 AM

Write or Type Committee Name

COMMITTEE TO ELECT MICHAEL BICKELMEYER

Report Covering the Period:

From:

04 ' 01 ' 2018

To:

07 ' 01 ' 2018

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	2978
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	
8. SUBTOTAL (Lines 6 and 7) .....	2978
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).....	2978
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).....	519493
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	517597

UNCONFIRMED INFO ON CONTRIBUTIONS

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3P (Rev. 05/2016)

Page 3

NAME OF COMMITTEE (in Full)  
**COMMITTEE TO ELECT MICHAEL BICKELMEYER**

Report Covering the Period: From: **04** ' **01** ' **2018** To: **07** ' **01** ' **2018**

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

16. FEDERAL FUNDS (Itemize on Schedule A-P).....		
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....		14
(ii) unitemized .....		
(iii) Total contributions .....		
(b) Political Party Committees.....		
(c) Other Political Committees .....		
(d) The Candidate.....		518093
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....		519493
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate.....		
(b) Other Loans.....		
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....		
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....		27945
(b) Fundraising.....		
(c) Legal and Accounting .....		
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....		27945
21. OTHER RECEIPTS (Dividends, Interest, etc.).....		
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....		547438

NO-18-00-10-00-00000000

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

Page 4

NAME OF COMMITTEE (in Full)  
**COMMITTEE TO ELECT MICHAEL BICKELMEYER**

Report Covering the Period: From: **04** ' **07** ' **2018** To: **07** ' **01** ' **2018**

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

23. OPERATING EXPENDITURES.....		545542
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).....		545542

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

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....		
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NOTES: CIO: 100: 001: 00014000

**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 **C00553206**  
**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		

2025 RELEASE UNDER E.O. 14176

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		

NON-CONFIDENTIAL

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

Page 7

Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
TOTALS		

004100 101 001810

EXPENDITURES SUBJECT TO LIMITATION

FEC Form 3P

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

Page 8

NAME OF COMMITTEE (in Full)

COMMITTEE TO ELECT MICHAEL BICKELMEYER

Report Covering the Period:

From:

04' 01' 2018

To:

07' 01' 2018

A. OPERATING EXPENDITURES

(Line 23, Column B)

545542

B. OPERATING OFFSETS

(Line 20a, Column B)

27945

C. NET OPERATING EXPENDITURES (for the election cycle)

(Subtract Line B from A)

517597

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)

NONDISCLOSURE



**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 ELECT MICHAEL BICKELMEYER

**A. 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

**B. 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

**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-FEDERAL CAMPAIGN COMMISSION

**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

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)

**A.**

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:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

9999.99

Memo Item

**B.**

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:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

9999.99

Memo Item

**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:

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

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

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

9999.99

Memo Item

WONDAVON@WV.COM

**SCHEDULE C-P  
LOANS**

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

PAGE OF

FOR LINE NUMBER: (check only one)  19a  19b

NAME OF COMMITTEE (In Full)

**COMMITTEE TO ELECT MICHAEL BICKELMEYER**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City

State

Zip Code

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate (if none, enter 0)

% (apr)

Secured:

Yes  No

**List All Endorsers or Guarantors (if any) to Loan Source**

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

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

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

20160510 10:01:10 AM

**LOANS AND LINES OF CREDIT FROM  
LENDING INSTITUTIONS**

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  /  /  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 100.82(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.  
\_\_\_\_\_  
\_\_\_\_\_

NOT FOR POSTAL DELIVERY

G. Type or Print Name of Committee Treasurer

MICHAEL BICKELMEYER

Signature of Treasurer

*Michael Bickelmeier*

Date

07 / 01 / 2018

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 100.82(e)(2)(iii) and 100.144(e)(2)(iii) in making this loan.

Type or Print Name of Authorized Representative

\_\_\_\_\_

Title

\_\_\_\_\_

Signature of Authorized Representative

Date

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

NOTES: 010, 100, 001, 002, 147, 010

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

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

11  
12

NAME OF COMMITTEE (In Full)

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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

B. 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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

C. 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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

1) SUBTOTALS This Period This Page (optional) .....

[Empty box for Subtotals]

2) TOTALS This Period (last page this line number only) .....

[Empty box for Totals]

3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only) .....

[Empty box for Total Outstanding Loans]

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....

[Empty box for Add 2 and 3]

2018-09-10 10:01 AM 00014707

**FEC FORM 3Z-P (File with Form 3P)**  
**Part 1: CONSOLIDATION REPORT**

Report Covering Period from: M M M / D D / Y Y Y Y  
04 / 01 / 2018  
 to: M M M / D D / Y Y Y Y  
07 / 01 / 2018

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

**COMMITTEE TO ELECT MICHAEL BICKELMEYER**

NAME OF COMMITTEE AUTHORIZED BY CANDIDATE  
 (Use Separate Page for Each Committee)

**COMMITTEE TO ELECT MICHAEL BICKELMEYER**

**LINE DESCRIPTION**

6	Cash on Hand at Beginning of Reporting Period	
10	Cash on Hand at Close of Reporting Period	
11	Debts and Obligations Owed TO the Committee	
12	Debts and Obligations Owed BY the Committee	
13	Expenditures Subject to Limitation	
14	Net Contributions	
15	Net Operating Expenditures	
16	Federal Funds	
17(a)	Contributions from Individuals/Persons Other Than Political Committees (iii)	
17(b)	Contributions from Political Party Committees	
17(c)	Contributions from Other Political Committees	
17(d)	Contributions from the Candidate	
17(e)	Total Contributions	
18	Transfers from Other Authorized Committees	
19(a)	Loans Received From or Guaranteed by the Candidate	
19(b)	Other Loans	
19(c)	Total Loans	
20(a)	Offsets to Operating Expenditures	

**LINE DESCRIPTION**

20(b)	Offsets to Fundraising Expenditures	
20(c)	Offsets to Legal and Accounting Expenditures	
20(d)	Total Offsets to Expenditures	
21	Other Receipts	
22	Total Receipts	
23	Operating Expenditures	
24	Transfers to Other Authorized Committees	
25	Fundraising Disbursements	
26	Exempt Legal and Accounting Disbursements	
27(a)	Repayments of Loans Made or Guaranteed by Candidate	
27(b)	Other Loan Repayments	
27(c)	Total Loan Repayments Made	
28(a)	Refunds of Contributions from Individuals/Persons	
28(b)	Refunds of Contributions from Political Party Committees	
28(c)	Refunds of Contributions from Other Political Committees	
28(d)	Total Contributions Refunds	
29	Other Disbursements	
30	Total Disbursements	
31	Items on Hand to be Liquidated	

2025 RELEASE UNDER E.O. 14176

**FEC FORM 3Z-P (File with Form 3P)**  
**Part 2: CONSOLIDATED TOTALS**  
**FOR ALL AUTHORIZED COMMITTEES**

Report Covering Period from: **04** / **01** / **2018**  
 to: **07** / **01** / **2018**

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

**COMMITTEE TO ELECT MICHAEL BICKELMEYER**

For each line, add the amounts for all authorized committees and disclose the total on the appropriate line below.

NON-FEDERAL CAMPAIGN

LINE DESCRIPTION		LINE DESCRIPTION	
6	Cash on Hand at Beginning of Reporting Period	20(b)	Offsets to Fundraising Expenditures
10	Cash on Hand at Close of Reporting Period	20(c)	Offsets to Legal and Accounting Expenditures
11	Debts and Obligations Owed TO the Committee	20(d)	Total Offsets to Expenditures
12	Debts and Obligations Owed BY the Committee	21	Other Receipts
13	Expenditures Subject to Limitation	22	Total Receipts
14	Net Contributions	23	Operating Expenditures
15	Net Operating Expenditures	24	Transfers to Other Authorized Committees
16	Federal Funds	25	Fundraising Disbursements
17(a)	Contributions from Individuals/Persons Other Than Political Committees (iii)	26	Exempt Legal and Accounting Disbursements
17(b)	Contributions from Political Party Committees	27(a)	Repayments of Loans Made or Guaranteed by Candidate
17(c)	Contributions from Other Political Committees	27(b)	Other Loan Repayments
17(d)	Contributions from the Candidate	27(c)	Total Loan Repayments Made
17(e)	Total Contributions	28(a)	Refunds of Contributions from Individuals/Persons
18	Transfers from Other Authorized Committees	28(b)	Refunds of Contributions from Political Party Committees
19(a)	Loans Received From or Guaranteed by the Candidate	28(c)	Refunds of Contributions from Other Political Committees
19(b)	Other Loans	28(d)	Total Contributions Refunds
19(c)	Total Loans	29	Other Disbursements
20(a)	Offsets to Operating Expenditures	30	Total Disbursements
		31	Items on Hand to be Liquidated