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 2024 DEC 3 2025 JUN 2 AM 12:35

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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 | OH | 44212-

CITY | STATE | ZIP CODE

2. **FEC IDENTIFICATION NUMBER** ▶ C00553206

3. **TYPE OF REPORT** *(Choose One)*

Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

- ☐ April 15 (Q1)
- ☐ July 15 (Q2)
- ☐ October 15 (Q3)
- ☑ January 31 Year-End Report (YE)

Monthly Reports:

- ☐ 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 MM / DD / YYYY in the State of

☐ 30-Day Post-Election Report for the General Election on MM / DD / YYYY

4. **IS THIS REPORT AND AMENDMENT?** ☐ yes ☑ no

5. **COVERING PERIOD** 10 / 01 / 2024 **THROUGH** 12 / 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 12 / 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							

FEC **Form 3P** (Rev. 05/2016)

RECEIVED
FEC MAIL CENTER
2025 JAN -2 AM 12:05

Write or Type Committee Name

COMMITTEE TO ELECT MICHAEL [illegible]EYER

Report Covering the Period: From: 10 / 01 / 2024 To: 12 / 31 / 2024

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	210
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	
8. SUBTOTAL (Lines 6 and 7)	210
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)	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 LIMIITATION (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)	718701
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4)	719092

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3P (Rev. 05/2016)

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

Report Covering the Period: From: 10 / 01 / 2024 To: 12 / 31 / 2024

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		39.00
(ii) unitemized		
(iii) Total contributions		39.00
(b) Political Party Committees		
(c) Other Political Committees		
(d) The Candidate		7,147.01
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))		7,187.01
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		279.45
(b) Fundraising		
(c) Legal and Accounting		
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))		
21. OTHER RECEIPTS (Dividends, Interest, etc.)		279.45
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)		7,466.47

FEC Form 3P (Rev. 05/2016)

DETAILED SUMMARY PAGE
of Disbursements and Contributed Items

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

Report Covering the Period: From: 10 / 01 / 2024 To: 12 / 31 / 2024

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
23. OPERATING EXPENDITURES		747037
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)		747037

III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)		
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		

202501020300494721

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)

1. NAME OF COMMITTEE (in full, type or print)
COMMITTEE TO ELECT MICHAEL BICKELMEYER

2. FEC IDENTIFICATION NUMBER
C00553206

ADDRESS (number and street) 399 PEARL ROAD

BRUNSWICK | 0H | 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		

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		

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
TOTALS		

FEC Form 3P

EXPENDITURES SUBJECT TO LIMITATION

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

NAME OF COMMITEE (in Full)

COMMITTEE TO ELECT MICHAEL BICKELMEYER

Report Covering the Period: From: 10 / 01 / 2024 To: 12 / 31 / 2024

A.	OPERATING EXPENDITURES (Line 23, Column B)	747037
B.	OPERATING OFFSETS (Line 20a, Column B)	27945
C.	**NET OPERATING EXPENDITURES (for the election cycle)** (Subtract Line B from A)	719092
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)	

SCHEDULE A-P
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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 M M / D D / Y Y Y Y

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 M M / D D / Y Y Y Y

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 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional)

Total This Period (last page this line number only)

SCHEDULE B-P
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE ____ OF ____

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT MICHAEL BICKELMEYER

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement M M / D D / Y Y Y Y

FEC Identification Number C

Amount of Each Disbursement this Period

☐ Memo Item

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement M M / D D / Y Y Y Y

FEC Identification Number C

Amount of Each Disbursement this Period

☐ Memo Item

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement M M / D D / Y Y Y Y

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) ▶

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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

Mailing Address

City | State | Zip Code

Election:
☐ Primary
☐ General
☐ Other (specify) ▼

☐ Personal Funds of the Candidate

Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period

TERMS

Date Incurred M M / D D / Y Y Y Y

Date Due M M / D D / Y Y Y Y

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)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   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.

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 C00553206

COMMITTEE TO ELECT MICHAEL BICKEL MEYER

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 M M / D D / Y Y Y Y

DATE DUE M M / D D / Y Y Y Y

A. Has loan been restructured? No Yes If yes, date orignially incurred: M M / D D / Y Y Y Y

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: M M / D D / Y Y Y Y

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: M M / D D / Y Y Y Y

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 Bickelmeyer Date 12 / 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 MM / DD / YYYY

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

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period

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

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

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

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