REPORT OF RECEIPTS AND DISBURSEMENTS

	RECEIVED	di
SEC	RETARY I THE REPUBLI	MATE

For	An Authorized Co	ommittee	14 APR -3 PM	3: C0 lice Use Only
COMMITTEE (in full)	PRINT ▼	Example: If typing, type over the lines.	LATE TO A	
COMMITTEE, TO E	LECT, MI	CHAEL BI	c,K,E,L,M,E,Y,E	R
ADDRESS (number and street)	40, DEER	CREEK D	RIIVE, APT	
Check if different than previously reported. (ACC)	T,H, ,R,0,Y,A,	L,T,O,N,	O.H 14.4	1.1.3.31-1
2. FEC IDENTIFICATION NUMBER ▼	CITY A		STATE	ZIP CODE
C0.0.5.5.25.0.5	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose One)	1			
(a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(b) 12-Day PF	RE-Election Report for th Primary (12P) Convention (12C)	e: General (12G) Special (12S)	Runoff (12R)
October 15 Quarterly Report (C	Liection	n M / D D	/ 	in the State of
Termination Report (TER)	Election of	General (30G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period On O	11/2014	through	3 1 2 9 1 2	ŏ.ĭ.Ÿ
I certify that I have examined this Report and Type or Print Name of Treasurer	hael Bick	mowledge and belief it is	true, correct and com	plete.
Signature of Treasurer Muhael	Bukelney	<u> </u>	Date O3 '	\$\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NOTE: Submission of false, erroneous, or incomposition of false, erroneous, errore	mplete information may	subject the person signin		
Conly FESAN018			1 1	EC FORM 3 Revised 02/2003)

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SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

COMMITTEE TO ELECT MICHAEL BICKELMEYER

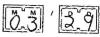
Report Covering the Period:

From:









80000

6.	Net	Contributions	Other	than	loanel
· .	1405	COMMINATIONS	tottle!	man	102051

- (a) Total Contributions (other than loans) (from Line 11(e)) ..
- (b) Total Contribution Refunds (from Line 20(d)) ..
- (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...
- Net Operating Expenditures
 - Total Operating Expenditures (from Line 17) ..
 - (b) Total Offsets to Operating Expenditures (from Line 14)...
 - (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...
- Cash on Hand at Close of Reporting Period (from Line 27)...
- Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...
- 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...

COLUMN A This Period

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

- 75000
- 80000

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

COMMITTEE TO ELECT MICHAEL BICKELMEYER

01/61/5014 Report Covering the Period: From: I. RECEIPTS COLUMN A COLUMN B **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)... (ii) Unitemized..... (iii) TOTAL of contributions from individuals . (b) Political Party Committees... Other Political Committees (such as PACs)... (d) The Candidate..... TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))... 5,0,00 80000 12. TRANSFERS FROM OTHER **AUTHORIZED COMMITTEES ..** 13. LOANS: (a) Made or Guaranteed by the Candidate... (b) All Other Loans... (c) TOTAL LOANS (add Lines 13(a) and (b))...

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..

15. OTHER RECEIPTS
(Dividends, Interest, etc.)....

16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...

FEC Form 3 (Revised 02/2003)

FE5AN018

DETAILED SUMMARY PAGE

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	L. 1,0,245,7	1,0,3,8,0,4
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees(c) Other Political Committees(such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))		
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	[L.0.2.4.5.7]	1,03804
III. CASH SU	MMARY	
23. CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	3.65,2
24 TOTAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	[
25. SUBTOTAL (add Line 23 and Line 24)		[,],0,4,5,6,4]
26. TOTAL DISBURSEMENTS THIS PERIOD (from	n Line 22)	1,0,2,4,5,7
 CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25) 	PERIOD	[

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SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the Detailed Summary Page 11a 116 11c 11d 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) OMMITTEE TO ELECT MICHAEL BICKELMEYER Full Name (Last, First, Middle Initial) Bickelmeyer, Michael Mailing Address Date of Receipt 12540 Deer Creek Drive Apt, 103 Zip Code North Koyalton hio FEC ID number of contributing federal political committee. Amount of Each Receipt this Period Name of Employer Occupation US Securit Security Officer Receipt For: Election Cycle-to-Date Primary General Other (specify) 8.00.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C federal political committee. Amount of Each Receipt this Period Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 1 [626] 1 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 Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3)		FOR LINE NUMBER: PAGE OF		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only one)		
	for each category of the Detailed Summary Page	1718		
Any information copied from such Reports and Statements m		20a 20b 20c 21		
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)	address of any political commit-	person for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)	21 21 postoca committe	se to solicit contributions from such committee.		
COMMETTE TO FIFTH				
COMMITTEE TO ELECT MI Full Name (Last, First, Middle Initial)	CHAEL BICK	ELMEYER		
A. Bickelmeyer, Michael		Date of Disbursement		
Mailing Address		(T. C.		
12540 Deer Creek Drive Apt, 10		E 20 80/7		
North Royalton Ohio Purpose of Disbussement	Zip Code 44133	Amount of Each Disbursement this Period		
Go Daddy Campaign Website 3ye		2363/		
Candidate Ivarie	ars			
Michael Bickelmeyer	Category/			
Office Sought: House Disbursement For:	Туре	-		
✓ Senate ✓ Primary	General			
State: Ohio District: Other (spe	ecify)			
Full Name (Last, First, Middle Initial)				
B. D		Data of Dist		
B. Bickelmeyer, Michael Mailing Address 125/10 Dear Charles		Date of Disbursement		
12540 Deer Creek Drive Ant 10	7	03/27/2019		
12540 Deer Creek Drive Apt 10 City State	Zip Code			
North Royalton Ohio Purpose of Disbursement	44133	Amount of Each Disbursement this Period		
Compaign Marketing Refrigerator M.	Idanots Town	365.9.7		
Candidate Name	Category/			
Michael Bickemeyer Office Sought: House Dishursement For	Type			
Dissolution 101.		1		
Senate Primary Other (spe	General city)			
State: () 1 O District:				
Full Name (Last, First, Middle Initial)				
).		Date of Disbursement		
Mailing Address		(AND) ((AND))		
Ci				
City State Zip C	Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Sisserisement this Period		
Candidate Name	Category/			
Office Sought: House Disbursement For:	Туре			
Senate Primary	General			
President Other (spec				
State: District:				
SUBTOTAL of Disbursements This Page (optional)	***************************************			
TOTAL This Period (last page this line number cold)				

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SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one) 13a

OF

PAGE

AME OF COMMITTEE (In)			Detailed Sur			
· · · · · · · · · · · · · · · · · · ·	Fuli)					
OMMITTEE	TOFIE	T 11-110	+1 -			
OMMITTEE LOAN SOURCE FUIL NO	mo (lost First Mill)	1 WIT CHA	FT BICK	ELME	EYER	
	anie (Last, First, Middi	e Initial)		Ele	ction:	
					Primary	
Mailing Address					General	
3 - 1331 303					Other (specify)	
A1.					•	
City	S	tate ZIP (Code			
Original Amount of t						
Original Amount of Loan		Cumulative Payment	To Date	Balance C	Outstanding at Close	of This F
	" "		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
			**************************************			ر معدال
TERMS Date Incur	rad					
		Date Du	- 111101	rest Rate	Se	cured:
	A - A - A - A	MIDOI	1 (<u>Enghoran</u>)	X	<u> </u>	-
Link All C				<u> </u>	% (apr)], [
List All Endorsers or Gu	arantors (if any) to L	oan Source				Yes
 Full Name (Last, First, 	Middle Initial)		Name of Employe	er		
Mailing Addus						
Mailing Address			Occupation			
City	Ctata -	IID O 1	Amount	~~~~		
,	State 2	ZIP Code	Guaranteed Outstanding:	. B B 64 B		-
2. Full Name (Last, First,	Middle Initial)					
(====, , , , , ,	made mual)		Name of Employe	r		
Mailing Address		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Occupation			
			Occupation			
			Amount /			
		in a		-rrr		~
City	State Z	IP Code	Guaranteed			- 12
	50 31000011	IP Code	Guaranteed Outstanding:	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	<u></u>	
	50 31000011	IP Code	Outstanding:	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
B. Full Name (Last, First, N	50 31000011	IP Code	1.6	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
	50 31000011	IP Gode	Outstanding:	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
. Full Name (Last, First, N	50 31000011	IP Gode	Outstanding:	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
B. Full Name (Last, First, Mailing Address	Middle Initial)		Outstanding: Name of Employer Occupation Amount	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
. Full Name (Last, First, N	Middle Initial)	IP Code	Outstanding: Name of Employer Occupation Amount Guaranteed	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
i. Full Name (Last, First, Mailing Address City	Middle Initial) State Z		Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
i. Full Name (Last, First, Mailing Address City	Middle Initial) State Z		Outstanding: Name of Employer Occupation Amount Guaranteed	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
B. Full Name (Last, First, Mailing Address City	Middle Initial) State Z		Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
B. Full Name (Last, First, Mailing Address City Full Name (Last, First, Mailing Name (Last, First, M	Middle Initial) State Z		Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
B. Full Name (Last, First, Mailing Address City Full Name (Last, First, Mailing Address	Middle Initial) State Z		Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
B. Full Name (Last, First, Mailing Address City Full Name (Last, First, Mailing Name (Last, First, M	Middle Initial) State Zi		Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
B. Full Name (Last, First, Mailing Address City Full Name (Last, First, Mailing Address	Middle Initial) State Zi	IP Code	Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
B. Full Name (Last, First, Mailing Address City Full Name (Last, First, Mailing Address	Middle Initial) State Zi	IP Code	Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
B. Full Name (Last, First, Mailing Address City Full Name (Last, First, Mailing Address City	State Zi	IP Code	Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
B. Full Name (Last, First, Mailing Address City Full Name (Last, First, Mailing Address	State Zi	IP Code	Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
B. Full Name (Last, First, Mailing Address City Full Name (Last, First, Mailing Address City TOTALS This Period This	State Zi State Zi State Zi Page (optional)	IP Code	Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
B. Full Name (Last, First, Mailing Address City Full Name (Last, First, Mailing Address City	State Zi State Zi State Zi Page (optional)	IP Code	Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		

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SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463		Page of Schedule C				
NAME OF COMMITTEE (In Full)						
		FEC IDENTIFICATION NUMBER				
COMMITTEE TO ELECT MICH	JAFL BICKEL MEY	C0.0.5.5.2.5.0.5				
CENDING INSTITUTION (LENDER)	Amount of Loan					
Full Name		Interest Rate (APR)				
Mailing Address		// // // // // // // // // // // // //				
	Date Incurred or Established	(Mrw) (Dro) (Lenental)				
City State Zip Code	Date Due	MAM , DAD , LACAPA				
A. Has loan been restructured? No Yes	If yes, date originally incurred	M. M. (LADA) (LASA A A A A A A A A A A A A A A A A A				
B. If line of credit,	Total					
Amount of this Draw:	Outstanding Balance:					
C. Are other parties secondarily liable for the debt incurre No Yes (Endorsers and guarantors mus	ed?					
D. Are any of the following pledged as colleteral for the la	14.0	at is the value of this collateral?				
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other		The value of this conaterary				
No Yes If yes, specify:	similar traditional collateral?	<u></u>				
	, -, -, -, -, -, -, -, -, -, -, -, -, -,					
F Are any fixture contribute		es the lender have a perfected security rest in it? No Yes				
E. Are any future contributions or future receipts of interes collateral for the loan? No Yes If yes specified to the loan?	st income, pledged as	1,00				
Collateral for the loan? No Yes If yes, spe	ecity:	nat is the estimated value?				
	i	representation of the second				
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:					
Date account established:	Address:					
M N V D V V V V V V V V V V V V V V V V V						
	City, State, Zip:					
F. If neither of the types of collateral described above was exceed the loan amount, state the basis upon which this	s pledged for this loan, or if the ar is loan was made and the basis o	nount pledged does not equal or n which it assures repayment.				
G. COMMITTEE TREASURER						
Typed Name		DATE				
Signature		MANN , LORD , LANANA				
H. Attach a signed copy of the loan agreement.						
I. TO BE SIGNED BY THE LENDING INSTITUTION:						
are accurate as stated above						
The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for this institution is aware of the requirement. This institution is aware of the requirement.						
iii. This institution is aware of the requirement that a local complied with the requirements set forth at 11 CFF	- Parado diodic mortinii 635.	f .				
NOTHORIZED REPRESENTATIVE	OTHORIZED REPRESENTATIVE					
Typed Name	1 _	DATE				
Signature Title						

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SCHEDULE D (FEC Form 3) PAGE OF (Use separate **DEBTS AND OBLIGATIONS** schedule(s) FOR LINE NUMBER: for each **Excluding Loans** (check only one) 9 numbered line) NAME OF COMMITTEE (In Full) 10 ELECT MICHAEL BICKELMEYER [Nature of Debt (Purpose): COMMITTEE TO A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code 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 Nature of Debt (Purpose): Mailing Address City State Zip Code

Payment This Period

Zip Code

	Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Perio
1)	SUBTOTALS This Period This Page (optional)	
2)	TOTALS This Period (last page this line number only)	
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	
		CCC Colonial Property

State

Outstanding Balance at Close of This Period

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

Amount Incurred This Period

Mailing Address

City

4020174636

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

(me of Principal Campai	TO ELECT	Erom:	vering Period:	To:	
M=	TCHAEL BIC	KELMEYER	[8.1]	0.11 2.0.1	9 03 6	91 201
Committee Name					(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contribution From Political Par Committees
+						
1	Column Total Last Page (c)	Only				
	Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A		750,00	750,00			
В						
	(i) Line No. 13(c) Total Loans	(i) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
Α		279.44		1029,44	1024,57	
В					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
3						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligation Owed TO the Committee
4			1024.57	36,52	21.07	
3						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
1						