

**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

FEB 11 AM 11:46

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)
- July 15 (Q2)
- October 15 (Q3)
- January 31 Year-End Report (YE)

- 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

11 / 29 / 2020 THROUGH 12 / 31 / 2020

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 Bickelmeier

Signature of Treasurer

Michael Bickelmeier

Date

01 / 01 / 2021

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

Write or Type Committee Name

COMMITTEE TO ELECT MICHAEL BICKELMEYER

Report Covering the Period:

From:

11 ' 24 ' 2020

To:

12 ' 31 ' 2020

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	18
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	
8. SUBTOTAL (Lines 6 and 7)	18
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).....	18
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).....	568093
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	569157

NON-FEDERAL CAMPAIGN COMMITTEES

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:

11 / **24** / **2020**

To:

12 / **31** / **2020**

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.....		5,641.93
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))		5,680.93
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))		279.45
21. OTHER RECEIPTS (Dividends, Interest, etc.).....		
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)		5,960.38

NONPROFIT ORGANIZATION

DETAILED SUMMARY PAGE
of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

COMMITTEE TO ELECT MICHAEL BICKELMEYER

Report Covering the Period:

From:

11' 24' 2020

To:

12' 31' 2020

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

23. OPERATING EXPENDITURES.....		5,971.02
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).....		5,971.02

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

31. ITEMS ON HAND TO BE LIQUIDATED
(Attach List)

Empty boxes for reporting contributed items.

NON-PROFIT ORGANIZATION

**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 44212-1
 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		

NON-FEDERAL FINANCING DISCLOSURE

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

NON-PROFIT CORPORATION

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

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		

1-11-2016 10:00 AM

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:

MM ' DD ' YYYY
11 ' 24 ' 2020

To:

MM ' DD ' YYYY
12 ' 31 ' 2020

A. OPERATING EXPENDITURES
(Line 23, Column B).....

5971.02

B. OPERATING OFFSETS
(Line 20a, Column B).....

279.45

C. NET OPERATING EXPENDITURES (for the election cycle)
(Subtract Line B from A).....

5691.57

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).....

NON-FEDERAL FUNDS

**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"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a	<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c

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 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 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 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).....

NON-FUNCTIONAL ON GOVERNMENT

**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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

NON-FUNCTIONAL COMPONENT

**SCHEDULE C-P
LOANS**

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

PAGE OF

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

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:

MM / DD / YYYY

Date Due

MM / DD / YYYY

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 10:41:00 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.

G. Type or Print Name of Committee Treasurer

MICHAEL BICKELMEYER

Signature of Treasurer

Michael Bickelmeier

Date

01 / 01 / 2021

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

MM / DD / YYYY

NON-FEDERAL CAMPAIGN FINANCING

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]

NON-FUNCTIONING COMMITTEES