

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

2016 JUL -5 AM 7:58

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

399 PEARL ROAD

ADDRESS (number and street)

Check if different than previously reported. (ACC)

BRUNSWICK

CITY

OH

STATE

442121

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00553206

3. THIS REPORT IS FOR Primary or General

4. 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)

Thirtieth day report following the General Election on / /

Twelfth day report preceding election on / / in the State of

Is this Report an Amendment? yes no

5. Covering Period

04 / 01 / 2016

through

06 / 30 / 2016

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 / 2016

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:

04 / 01 / 2016

To:

07 / 01 / 2016

SUMMARY

- 6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD 287
- 7. TOTAL RECEIPTS THIS PERIOD
(From Line 22, Column A, Page 3)
- 8. SUBTOTAL
(Lines 6 and 7)
- 9. TOTAL DISBURSEMENTS THIS PERIOD
(From Line 30, Column A, Page 2) 287
- 10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD
(Subtract Line 9 from 8)
- 11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE
(Itemize All on Schedule C-P or Schedule D-P) 287
- 12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE
(Itemize All on Schedule C-P or Schedule D-P)
- 13. EXPENDITURES SUBJECT TO LIMITATION

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

- 14. NET CONTRIBUTIONS (Other than Loans)
(Subtract Line 28d, Column B from 17e, Column B, Page 2) 472793
- 15. NET OPERATING EXPENDITURES
(Subtract Line 20a, Column B from 23, Column B, Page 2) 474088

NON-PROFIT ORGANIZATION

DETAILED SUMMARY PAGE
of Receipts

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

Report Covering the Period: From: **04** / **01** / **2016** To: **07** / **01** / **2016**

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		
(ii) unitemized		
(iii) Total contributions		
(b) Political Party Committees.....		
(c) Other Political Committees		
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))		47,279.3
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		47,279.3
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)		50,073.8

20160701 10:00 AM

DETAILED SUMMARY PAGE
of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

COMMITTEE TO ELECT MICHAEL BICKELMEYER

Report Covering the Period:

From:

04 ' 01 ' 2016

To:

07 ' 01 ' 2016

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

23. OPERATING EXPENDITURES.....		
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....		502033
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).....		502033

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

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

[Empty boxes for contributed items]

11-10-2008 10:10:10 AM

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Office Use Only

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

CITY

OH

STATE

44212

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 FUNDS

0-1-0000 1-00-00-00-00

STATE	ALLOCATION <i>This Period</i>	TOTAL ALLOCATION <i>To Date</i>
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		

UNCLASSIFIED//FOR OFFICIAL USE ONLY

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		

EXPENDITURES SUBJECT TO LIMIT

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

NAME OF COMMITTEE (in Full)

COMMITTEE TO ELECT MICHAEL BICKELMEYER

Report Covering the Period:

From:

04 01 2016

To:

07 01 2016

A. OPERATING EXPENDITURES (Line 23, Column B).....	502033
B. OPERATING OFFSETS Line 20a, Column B).....	27945
C. CURRENT YEAR NET OPERATING EXPENDITURES (Subtract Line B from A).....	474088
D. PRIOR YEAR(S) OPERATING EXPENDITURES.....	
E. PRIOR YEAR(S) OPERATING OFFSETS.....	
F. PRIOR YEAR(S) NET OPERATING EXPENDITURES (Subtract Line E from D).....	
G. FUNDRAISING DISBURSEMENTS (Line 25, Column B).....	
H. OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B).....	
I. CURRENT YEAR NET FUNDRAISING DISBURSEMENTS (Subtract Line H from G).....	
J. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS.....	
K. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS OFFSETS.....	
L. PRIOR YEAR(S) NET FUNDRAISING DISBURSEMENTS (Subtract Line K from J).....	
M. TOTAL NET FUNDRAISING DISBURSEMENTS (Add Lines I and L).....	
N. 20% EXEMPTION (20% of Overall Expenditure Limit).....	
O. TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT (Subtract Line N from M).....	
P. TOTAL EXPENDITURES SUBJECT TO LIMITATION (Add Lines C, F and O).....	474088

NON-PROFIT ORGANIZATION

INSTRUCTIONS

(Calculated from FEC Form 3P, page 2. This worksheet must be retained to support, in part, the amount reported on Line 13.)

FEC Form 3P, Worksheet, is for use by a candidate or the principal authorized committee of a candidate, to track expenditures subject to limitation during the primary campaign (52 U.S.C. § 30116(b)(1)(A)). As soon as possible after the beginning of the calendar year, the Commission will publish the adjusted limits to be used during the election cycle. The 20% fundraising exemption will be based on the published overall expenditure limitation.

Line A - From FEC Form 3P, page 2, enter the calendar year-to-date total for operating expenditures.

Line B - Enter the calendar year-to-date total of offsets to operating expenditures.

Line C - Subtract Line B from Line A.

Line D - If reports were filed in a prior year(s), from the year end report(s), enter the calendar year-to-date total for operating expenditures.

Line E - From the year-end report(s) for the prior year(s), enter the calendar year-to-date total for offsets to operating expenditures.

Line F - Subtract Line E from Line D.

Line G - From FEC Form 3P, page 2, enter the calendar year-to-date total for fundraising disbursements.

Line H - Enter the calendar year-to-date total for offsets to fundraising disbursements.

Line I - Subtract Line H from Line G to obtain the net fundraising disbursements for the current year.

Line J - If reports were filed in a prior year(s), enter the calendar year-to-date total for fundraising disbursements from the year-end report(s).

Line K - If offsets to fundraising disbursements were received in a prior year(s), enter the calendar year-to-date total from the year-end report(s).

Line L - Subtract Line K from Line J.

Line M - Add Line I and Line L.

Line N - Enter 20% of the overall expenditure limit as published by the FEC.

Line O - Subtract Line N from Line M. If the result is less than zero, enter -0-. If greater than zero, enter the amount.

Line P - Add Line C, Line F, and Line O to obtain the total of operating expenditures made by the Committee subject to 52 U.S.C. § 30116(b)(1)(A) limitation. The total reflected on Line P, "Total Expenditures Subject to limitation," is carried forward to FEC Form 3P, Page 1, Line 13.

If the candidate has authorized other political committees, the principal campaign committee must first consolidate the calendar year-to-date receipt and disbursement activity on FEC Form 3P, page 4 (Consolidated Report of Receipts and Disbursements). FEC Form 3P, Worksheet, is completed using the appropriate column totals from the current and previous calendar year (if any) consolidation reports.

11-10-2008 10:10:10 AM

**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).....

UNIONBROKERAGE

**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.		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y Y Y	
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial)			

B.		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y Y Y	
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial)			

C.		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y Y Y	
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial)			

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

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

20150308 10:00:00 AM

**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

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred: / / Date Due: / / Interest Rate: % (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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

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

UNION-COMM-IND-UTD-IND-NO-OTION

**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

MM / DD / YYYY

DATE DUE

MM / DD / YYYY

A. Has loan been restructured?

No Yes

If yes, date originally incurred:

MM / DD / YYYY

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)(1)(i)(B) and 100.8(b)(12)(i)(B). Date account established:

MM / DD / YYYY

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:

MM / DD / YYYY

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

MM / DD / YYYY
07 / 07 / 2016

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
____ / ____ / ____

UNIVERSITY OF MICHIGAN LIBRARY

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 (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]

CONFIDENTIAL