

# FEC FORM 2

## STATEMENT OF CANDIDACY

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FEC MAILCENTER

2024 NOV 20 PM 11:45

1. (a) Name of Candidate (in full) <b>MICHAEL BICKELMEYER</b>		
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>399 Pearl Road</b>		2. FEC Candidate Identification Number <b>C00553206</b>
(c) City, State, and ZIP Code <b>Brunswick, Ohio, 44212</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <b>Republican</b>	5. Office Sought <b>President</b>	6. State & District of Candidate <b>Ohio</b>

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2028 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>Committee To Elect MICHAEL BICKELMEYER</b>
(b) Address (number and street) <b>399 Pearl Road</b>
(c) City, State, and ZIP Code <b>Brunswick, Ohio, 44212</b>

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  
**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <b>Michael Bickelmeier</b>	Date <b>11-11-2024</b>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt <i>11/20/24</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date      Date of Receipt  Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER *MP*

(4/2023)

*11/20/24*  
DATE PREPARED

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