

FEC
FORM 1STATEMENT OF
ORGANIZATIONRECEIVED
FEC MAIL CENTER2024 FEB -6 AM 9:36
Office Use Only1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

SCHAEFER FOR US SENATE NV2024

ADDRESS (number and street)

1050 E. Flamingo

☐(Check if address
is changed)

S107-1545

Las Vegas

CITY ▲

NV

STATE ▲

89119

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

oz.blueman@yahoo.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

mikefightsforus.com

2. DATE

MM
01DD
28YYYY
2024

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

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

Type or Print Name of Treasurer Schaefer, Mike, . . .

Signature of Treasurer

Schaefer, Mike, . . .

Mike Schaefer

Date

MM
01DD
28YYYY
2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

NON-PROFIT ORGANIZATION

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate

Schaefer, Mike, , ,

Candidate
Party Affiliation

DEM

Office
Sought:☐

House

☒

Senate

☐

President

State

NV

District

00

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

2.

C	<input type="text"/>
C	<input type="text"/>

Write or Type Committee Name

SCHAEFER FOR US SENATE NV2024

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name Schaefer, Mike, , ,

Mailing Address

1050 E. Flamingo

Ss107-1545

Las Vegas

NV

89119

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

213

479

6006

8. Treasurer: List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Schaefer, Mike, , ,

Mailing Address

1050 E. Flamingo

Ss107-1545

Las Vegas

NV

89119

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

213

479

6006

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

bank of america

Mailing Address

4795 S. Maryland Pkwy

Las Vegas,

NV

89119

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

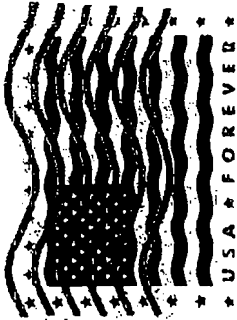
Mike Schaefer, Member Ca. Board of Equalization
(NOT AT TAXPAYER EXPENSE)
849 Coast Blvd. CL303
La Jolla CA 92037

RECEIVED
FEC MAIL CENTER

2024 FEB -5 AM 9:36

SAN DIEGO CA 920

29 JAN 2024 PM 1 L

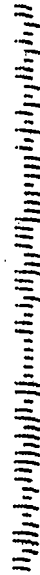


FEC

1050 First Ave. NE

Wash DC 20463

20463-



Federal Election Commission
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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
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<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
WPD PREPARER (4/2023)	2/6/24 DATE PREPARED

NOT FOR FILING IN THE PUBLIC RECORDS