

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FIRE YOUR CONGRESSMAN PAC

ADDRESS (number and street)

1210 E Wade Street

Check if different  
than previously  
reported. (ACC)

Trenton

FL

32693

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00663963

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2021

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2021

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

Richter, Norbert, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Richter, Norbert, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 31 2022

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

FIRE YOUR CONGRESSMAN PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2021

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 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** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**FIRE YOUR CONGRESSMAN PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	1

<b>I. Receipts</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	10000.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	0.00	10000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	0.00	10000.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	198.00	10396.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	198.00	10396.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	198.00	10396.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

According to the FEC Statement on Carey v FEC <https://www.fec.gov/updates/fec-statement-on-carey-v-fec/> receipts to the non-contribution account are to be reported on line 17. However, unlike like 11a where there are itemized and unitemized lines line 17 does not have said categories. Therefore any difference between itemized totals on line 17 and the summary total for line 17 reflect the receipts the non-contribution account received that are under the itemization threshold.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**FIRE YOUR CONGRESSMAN PAC**

Full Name (Last, First, Middle Initial)

**A. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
GainesvilleState  
FLZip Code  
32614-7029Purpose of Disbursement  
Non-Contribution Account: Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	1		

FEC Identification Number

**C****Transaction ID : BA07B35705**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
GainesvilleState  
FLZip Code  
32614-7029Purpose of Disbursement  
Non-Contribution Account: Statement Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	1		

FEC Identification Number

**C****Transaction ID : BA82C6280F**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
GainesvilleState  
FLZip Code  
32614-7029Purpose of Disbursement  
Non-Contribution Account: Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	1		

FEC Identification Number

**C****Transaction ID : B35B7111E7**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRE YOUR CONGRESSMAN PAC**

Full Name (Last, First, Middle Initial)

**A. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
GainesvilleState  
FLZip Code  
32614-7029Purpose of Disbursement  
Non-Contribution Account: Statement Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	1		

FEC Identification Number

**C**

Transaction ID : B5D8FCC6D5

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
GainesvilleState  
FLZip Code  
32614-7029Purpose of Disbursement  
Non-Contribution Account: Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	1		

FEC Identification Number

**C**

Transaction ID : BA57B6E134

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
GainesvilleState  
FLZip Code  
32614-7029Purpose of Disbursement  
Non-Contribution Account: Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	1		

FEC Identification Number

**C**

Transaction ID : BB6BF2123C

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 32

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**FIRE YOUR CONGRESSMAN PAC**

Full Name (Last, First, Middle Initial)

## **A. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
Gainesville

State  
FL

Zip Code  
32614-7029

Purpose of Disbursement  
Non-Contribution Account: Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2021

FEC Identification Number

**C** Transaction ID : BA239019DD  
Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
Gainesville

State  
FL

Zip Code  
32614-7029

Purpose of Disbursement  
Non-Contribution Account: Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2021

FEC Identification Number

**C** Transaction ID : B57F13ADBC  
Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
Gainesville

State  
FL

Zip Code  
32614-7029

Purpose of Disbursement  
Non-Contribution Account: Statement Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2021

FEC Identification Number

**C** Transaction ID : B20DDE29C  
Amount of Each Disbursement this Period

3.00

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

33.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 32

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**FIRE YOUR CONGRESSMAN PAC**

Full Name (Last, First, Middle Initial)

## **A. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
Gainesville

State  
FL

Zip Code  
32614-7029

Purpose of Disbursement  
Non-Contribution Account: Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼ Other

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2021

FEC Identification Number

**C** Transaction ID : BC2FC1BA07

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
Gainesville

State  
FL

Zip Code  
32614-7029

Purpose of Disbursement  
Non-Contribution Account: Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼ Other

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2021

FEC Identification Number

**C** Transaction ID : B11416A71F6

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
Gainesville

State  
FL

Zip Code  
32614-7029

Purpose of Disbursement  
Non-Contribution Account: Statement Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼ Other

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2021

FEC Identification Number

**C** Transaction ID : BAF40CBD71

Amount of Each Disbursement this Period

3.00

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

33.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRE YOUR CONGRESSMAN PAC**

Full Name (Last, First, Middle Initial)

**A. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
GainesvilleState  
FLZip Code  
32614-7029Purpose of Disbursement  
Non-Contribution Account: Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	1		

FEC Identification Number

**C****Transaction ID : BD7F9D4740!**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
GainesvilleState  
FLZip Code  
32614-7029Purpose of Disbursement  
Non-Contribution Account: Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	1		

FEC Identification Number

**C****Transaction ID : BB104EF94C!**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
GainesvilleState  
FLZip Code  
32614-7029Purpose of Disbursement  
Non-Contribution Account: Statement Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	1		

FEC Identification Number

**C****Transaction ID : BDB6548905**

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRE YOUR CONGRESSMAN PAC**

Full Name (Last, First, Middle Initial)

**A. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
GainesvilleState  
FLZip Code  
32614-7029Purpose of Disbursement  
Non-Contribution Account: Statement Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

FEC Identification Number

**C****Transaction ID : B788B339AF**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
GainesvilleState  
FLZip Code  
32614-7029Purpose of Disbursement  
Non-Contribution Account: Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

FEC Identification Number

**C****Transaction ID : BB89494012A**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Campus USA Credit Union**

Mailing Address PO Box 147029

City  
GainesvilleState  
FLZip Code  
32614-7029Purpose of Disbursement  
Non-Contribution Account: Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2021  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

FEC Identification Number

**C****Transaction ID : BF0B325C4A**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

33.00

**TOTAL** This Period (last page this line number only)..... ►

198.00

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : C5E467CCA8B0C4B45AB6

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2017

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

9495.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9495.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 17 / 2017

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (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:**SUBTOTALS** This Period This Page (optional)..... ►

9495.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 14 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : C274992D70ACD44BBB25

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2017

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

5.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 17 / 2017

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (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:**SUBTOTALS** This Period This Page (optional)..... ►

5.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 15 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : C8B702E6F0BF745CBB2A

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,N ☐ Memo Item

Election: 2017

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

3100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3100.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 15 / 2017

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (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:**SUBTOTALS** This Period This Page (optional)..... ►

3100.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 16 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : C2109AF4F06124FEE9F8

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2018

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
01 / 18 / 2018

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (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:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

**TOTALS** This Period (last page in this line only)..... ►

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



**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 17 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : C4C06AF0624EB48B390B

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2018

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

3035.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3035.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
02 / 20 / 2018

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (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:**SUBTOTALS** This Period This Page (optional)..... ►

3035.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 18 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : C315D60D6096A4500A44

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,N ☐ Memo Item

Election: 2018

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 08 / 2018

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (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:**SUBTOTALS** This Period This Page (optional)..... ►

15000.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 19 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : C447A367ADAB04FEE93E

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2018

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

16000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

16000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 28 / 2018

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (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:**SUBTOTALS** This Period This Page (optional)..... ►

16000.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 20 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : C0E7C8D26A6EC4B04AF7

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2018

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 10 / 2018

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (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:**SUBTOTALS** This Period This Page (optional)..... ►

2000.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 21 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : C9DE61C23C3EE4F348B7

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2018

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

13000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

13000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 01 / 2018

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (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:**SUBTOTALS** This Period This Page (optional)..... ►

13000.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 22 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : C3FDC85797DED486A8C9

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2018

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 29 / 2018

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (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:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 23 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : CAEED41461D2047AB8CA

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2018

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

12000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 10 / 2018

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (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:**SUBTOTALS** This Period This Page (optional)..... ►

12000.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 24 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : CF537AA184F224C19BBA

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2018

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

22000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

22000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 01 / 2018

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (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:**SUBTOTALS** This Period This Page (optional)..... ►

22000.00

**TOTALS** This Period (last page in this line only)..... ►

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



**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 25 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : CE45F56C4E1C64B2990F

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2019

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

2800.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2800.00

**TERMS**

Date Incurred

MM / DD / YYYY  
05 / 01 / 2019

Date Due

MM / DD / YYYY  
None

Interest Rate

0.00 % (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:**SUBTOTALS** This Period This Page (optional)..... ►

2800.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 26 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : CFAB9014A87794AEDA53

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2019

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 04 / 2019

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (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:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 27 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : CF7B2EEA5110341CAB2C

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2019

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 14 / 2019

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (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:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 28 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : CF128A96A055C4184AB5

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,N ☐ Memo Item

Election: 2020

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 05 / 2020

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (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:**SUBTOTALS** This Period This Page (optional)..... ►

100.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 29 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : CF74D6530B6D647F98C6

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2020

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 07 / 2020

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (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:**SUBTOTALS** This Period This Page (optional)..... ►

100.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 30 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : CC3FF36D6D14F4FE0987

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2020

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 01 / 2020

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (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:**SUBTOTALS** This Period This Page (optional)..... ►

100.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 31 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : C53DB20E4C2EE4FB7807

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2020

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 10 / 2020

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (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:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 32 OF 32

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : C54C8AD8708DE409D91E

**FIRE YOUR CONGRESSMAN PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Richter, Norbert, , ,**N** ☐ Memo Item

Election: 2021

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address 3736 SW 6th Pl

City

Gainesville

State

FL

ZIP Code

32607-2901

Other

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 01 / 2021

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (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:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

**TOTALS** This Period (last page in this line only)..... ►

126235.00

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