PAGE 1 / 32

Image# 202201319486305440

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For	Other Than	An Authorize	ed Commi	ttee		Office U	se Only	
NAME OF COMMITTEE (in f		E OR PRINT ▼		cample: If typer the lines.	oing, type	12FE4	M5		
FIRE YOUR CO	NGRESS	MAN PAC							
ADDRESS (number and	street)	210 E Wade Stre	eet 						
Check if diffe than previous reported. (AC	ly _{, T}	renton				FL	32693	3	
2. FEC IDENTIFICA	TION NUMB	ER ▼	CITY ▲			STATE ▲		ZIP COD	DE ▲
C C00663963			3. IS THIS		NEW (N) OR		AMENDED (A)		
4. TYPE OF REP (Choose One) (a) Quarterly Rep	- (b) Monthly Report Due On:	Feb 20 (M2 Mar 20 (M3 Apr 20 (M4	3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	s	ug 20 (M8) ep 20 (M9) ect 20 (M10)	Ï	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly October	Report (Q1) Report (Q2) 5 Report (Q3)	(c) 12-Day PRE-Ele Report		Primary (1:	(12C)	=	ral (12G) al (12S)		Runoff (12R)
★ January 3 Year-End	B1 Report (YE)		Election on	M = M	/ D D /		Ť	in the State of	
Year Only	lon-election () (MY)	(d) 30-Day POST-E		General (3	0G)	Runof	f (30R)	:	Special (30S)
Termination (TER)	on Report		Election on	M = M	/ D D /	Y	Y	in the State of	
5. Covering Period	07	01 / Y	2021	through	12	31_	202	21	
I certify that I have exa Type or Print Name of	R	eport and to the ichter, Norbert, ,		owledge and	d belief it is tr	ue, correct	and comple	te.	
Signature of Treasurer	Richter, No	orbert, , ,		[Electronica	ally Filed]	Date 01	/ D 31		2022
NOTE: Submission of fa	ılse, erroneous,	or incomplete i	nformation may	subject the p	erson signing	this Report t	o the penalti	es of 52 l	J.S.C. § 30109
Office Use								FORI Rev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name FIRE YOUR CONGRESSMAN PAC 07 01 2021 12 31 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 964.56 January 1, 2021 (b) Cash on Hand at 766.56 Beginning of Reporting Period..... 0.00 10000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 10964.56 766.56 6(a) and 6(c) for Column B)..... 198.00 10396.00 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 568.56 568.56 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 126235.00 Schedule C and/or Schedule D) 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)

Write or Type Committee Name

FIRE YOUR CONGRESSMAN PAC

R	eport Covering the Period: From:	0004	to: 12 / 31 / 2021		
	I. Receipts	COLUMN A Total This Period	COLUMN 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(iii) TOTAL (add	0.00	0.00		
	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)(d) Total Contributions (add Lines	0.00	0.00		
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	0.00	0.00		
	Party Committees	0.00	0.00		
13.	All Loans Received	0.00	10000.00		
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00		
16.	(Carry Totals to Line 37, page 5)	0.00	0.00		
17	Political Committees	0.00	0.00		
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00		
	(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	
Operating Expense (a) Allocated	enditures: - Federal/Non-Federal	10.00. 11.10 1 01100	Calcildal Teal-10-Date	
Activity (fr	om Schedule H4)			
(i) Feder	ral Share	0.00	0.00	
(ii) Non-F	ederal Share	0.00	0.00	
(b) Other Fed	eral Operating	4 4	4	
	res	0.00	0.00	
	rating Expenditures			
	(i), (a)(ii), and (b))	0.00	0.00	
	filiated/Other Party	0.00	0.00	
. Contributions to		4 4 4	4 4 4	
and Other Poli	tical Committees	0.00	0.00	
Independent E		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Coordinated Pa	E)arty Expenditures	0.00	0.00	
(52 U.S.C. § 3	0116(d)) F)	0.00	0.00	
(400 001104410	. ,	- Apr	0.00	
Loan Repayme	ents Made	0.00	0.00	
	i	4		
Loans Made Refunds of Co	ntributions To:	0.00	0.00	
(a) Individuals	s/Persons Other ical Committees	0.00	0.00	
man i om	icai Committees	0.00	0.00	
(b) Political P	arty Committees	0.00	0.00	
(c) Other Poli	tical Committees	4 4	45 45 45	
(such as I	PACs)	0.00	0.00	
` '	ribution Refunds			
(add Lines	s 28(a), (b), and (c))	0.00	0.00	
Other Disburse	ements (Including			
Non-Federal D	onations)	198.00	10396.00	
Fadaval Flactic	- A-#::::h: (50 II 0 0 6 00404/00		4 4	
	on Activity (52 U.S.C. § 30101(20) Federal Election Activity)))		
(from Sch	-			
	Share	0.00	0.00	
		7 7	4 4	
٠,,	Share	0.00	0.00	
. ,	lection Activity Paid			
-	fith Federal Fundseral Election Activity (add	0.00	0.00	
` '	a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
00 00(0	7(7) 32(2)(1) 21.33 33(3))	0.00	0.00	
Total Disburser	ments (add Lines 21(c), 22,			
	27, 28(d), 29 and 30(c))	198.00	10396.00	
	\	4 4 4	4 113300	
Total Federal [
	21(a)(ii) and Line 30(a)(ii)	122.22		
	•	198.00	10396.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC Form 3X (Rev. 05/2016)		Page 5
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H+CB

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:

S 17

SCHEDULE B (FEC Form 3X)		, FOR LINE	FOR LINE NUMBER: PAGE 7 OF 32			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(Oricolt Orin	<i>`</i>			
	Detailed Summary Page		22 23 26 27 28b 28c x 29 30b			
Any information conicd from such Deposits and Ota						
Any information copied from such Reports and Sta or for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)						
FIRE YOUR CONGRESSMAN P	AC					
<u></u>						
Full Name (Last, First, Middle Initial) A. Campus USA Credit Union			Date of Disbursement			
Campus OSA Credit Onion			M M / D D / Y Y Y Y			
Mailing Address PO Box 147029			07 31 2021			
	T					
City Gainesville	State Zip Code		FEC Identification Number			
Purpose of Disbursement	020117020		C			
Non-Contribution Account: Bank Fee			Transaction ID : BA07B35705			
Candidate Name		Category/	Amount of Each Disbursement this Period			
Office Country House		Type	15.00			
Office Sought: House Disburs	sement For: 2021 Primary General		15.00			
Dun side at	Other (specify)		Mama Ham			
State: District:	Other		Memo Item			
Full Name (Last, First, Middle Initial)						
B. Campus USA Credit Union			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address PO Box 147029						
Walling Address PO Box 147029						
City	State Zip Code		FEC Identification Number			
Gainesville	FL 32614-7029	T				
Non-Contribution Account: Statement Fee	Irpose of Disbursement Ion-Contribution Account: Statement Fee		C			
Candidate Name		Category/	Transaction ID : BA82C6280F9 Amount of Each Disbursement this Period			
		Type				
	sement For: 2021		3.00			
Senate President	Primary General Other (specify)					
State: District:	Other		Memo Item			
Full Name (Last, First, Middle Initial)						
C. Campus USA Credit Union			Date of Disbursement			
·			M M / D D / Y Y Y Y			
Mailing Address PO Box 147029			07 31 2021			
City	State Zip Code		FEC Identification Number			
Gainesville	FL 32614-7029		FEC Identification Number			
Purpose of Disbursement Non-Contribution Account: Bank Fee						
Candidate Name			Transaction ID : B35B7111E7			
		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburs	sement For: 2021		15.00			
Senate	Primary General					
	Other (specify)		Memo Item			
State: District:	Other					
SUBTOTAL of Disbursements This Page (optiona)		33.00			
222 The Control of the Copholia	,					
TOTAL This Period (last page this line number or	nlv)					

S 17

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b		
Any information copied from such Reports and State	manta may not be cold or us				
or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
FIRE YOUR CONGRÉSSMAN PA	C				
<u>/</u>					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. Campus USA Credit Union					
Mailing Address PO Box 147029			08 31 2021		
,	State Zip Code		FEC Identification Number		
Gainesville Purpose of Disbursement	FL 32614-7029				
Non-Contribution Account: Statement Fee			C		
Candidate Name		Category/	Transaction ID : B5D8FCC6D5 Amount of Each Disbursement this Period		
		Type	Amount of Each Disbursement this Feriou		
Office Sought: House Disburse	ment For: 2021		3.00		
Senate	Primary General				
State: District:	Other (specify) ▼ Other		Memo Item		
Full Name (Last, First, Middle Initial)	Othor				
B. Campus USA Credit Union			Date of Disbursement		
Campas Cort Great Chilon			08 31 2021		
Mailing Address PO Box 147029					
211					
City Gainesville	State Zip Code FL 32614-7029		FEC Identification Number		
Purpose of Disbursement			C		
Non-Contribution Account: Bank Fee	Non-Contribution Account: Bank Fee				
Candidate Name	andidate Name Category/		Transaction ID : BA57B6E1340 Amount of Each Disbursement this Period		
Office Country House		Туре	15.00		
Office Sought: House Disbursel Senate	ment For: 2021 Primary General		15.00		
	Other (specify)		П.,		
State: District:	Other		Memo Item		
Full Name (Last, First, Middle Initial)					
C. Campus USA Credit Union			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address PO Box 147029			08 31 2021		
City	State Zip Code		FFC Identification Number		
Gainesville	FL 32614-7029		FEC Identification Number		
Purpose of Disbursement Non-Contribution Account: Bank Fee					
Candidate Name			Transaction ID : BB6BF2123E		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For: 2021	турс	15.00		
Senate	Primary General		<u> </u>		
President x	Other (specify) ▼		Memo Item		
State: District:	Other		ш		
			22.00		
SUBTOTAL of Disbursements This Page (optional)		·····•	33.00		
TOTAL This Period (last page this line number only)				

ľ

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE I		
	EMIZED DISBURSEMENTS	for each of	category of the Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b	
	y information copied from such Reports and Staten for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full) FIRE YOUR CONGRESSMAN PA	С				
Α.	Full Name (Last, First, Middle Initial) Campus USA Credit Union				Date of Disbursement	
	Mailing Address PO Box 147029				09 30 2021	
	Gainesville	State FL	Zip Code 32614-7029		FEC Identification Number	
	Purpose of Disbursement Non-Contribution Account: Bank Fee Candidate Name			Octobrand	Transaction ID : BA239019DD	
	Office Sought: House Disbursen	nent For: 2	021	Category/ Type	Amount of Each Disbursement this Period 15.00	
		Primary Other (spec	General ify) ▼ Other		Memo Item	
_	Full Name (Last, First, Middle Initial)		Other			
В.	Campus USA Credit Union				Date of Disbursement	
	Mailing Address PO Box 147029		T=		09 30 2021	
	City Sainesville	State FL	Zip Code 32614-7029		FEC Identification Number	
	Purpose of Disbursement Non-Contribution Account: Bank Fee			C Transaction ID : B57F13ADBC		
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period	
	Senate	nent For: 2 Primary Other (spec	General		15.00	
	State: District:	(-	Other		Memo Item	
C.	Full Name (Last, First, Middle Initial) Campus USA Credit Union				Date of Disbursement	
	Mailing Address PO Box 147029				09 30 / 2021	
	City State Zip Code Gainesville FL 32614-7029				FEC Identification Number	
	Purpose of Disbursement Non-Contribution Account: Statement Fee Candidate Name	Category/ Type	Transaction ID: B20DDE29Ct Amount of Each Disbursement this Period			
		nent For: 2 Primary	021 General		3.00	
	State: President x	Other (spec	other		Memo Item	
H	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)				33.00	

S 17

SCHEDULE B (FEC Form 3X)		, FOR LINE	FOR LINE NUMBER: PAGE 10 OF 33			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon orii)	<i>'</i> — ' — —	00		
	Detailed Summary Page			26 27 29 30b		
Any information conical from such Deports and State	manta may not be cold or					
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
$ \; angle$ FIRE YOUR CONGRESSMAN PA	AC .					
Full Name (Last First Middle Initial)						
Full Name (Last, First, Middle Initial) A. Campus USA Credit Union			Date of Disbursement			
- Campus 66/1 Credit Grillon			M M / D D /	Y Y Y Y Y Y		
Mailing Address PO Box 147029			10 31	2021		
City	State Zip Code					
Gainesville	FL 32614-7029		FEC Identification Nun	nber		
Purpose of Disbursement			С			
Non-Contribution Account: Bank Fee			Transaction ID : BC2FC1BA07			
Candidate Name		Category/ Type	Amount of Each Disbu	ursement this Period		
Office Sought: House Disburse	ement For: 2021	Туре	15.00			
Senate	Primary General					
President			Memo Item			
State: District:	Other					
Full Name (Last, First, Middle Initial) B. Campus USA Credit Union			Date of Disbursement			
- Campus OSA Credit Officin			10 31 2021			
Mailing Address PO Box 147029						
011	City.					
City Gainesville	City State Zip Code Gainesville FL 32614-7029			nber		
Purpose of Disbursement			C			
Non-Contribution Account: Bank Fee			Transaction ID : B11416A71F6			
Candidate Name		Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For: 2021	Type	15.00			
Senate	Primary General		4	<u>* </u>		
President	Other (specify)		Memo Item			
State: District:	Other					
Full Name (Last, First, Middle Initial) C. Campus USA Credit Union			Date of Disbursement			
Campus OSA Credit Official			M M / D D / Y Y Y Y			
Mailing Address PO Box 147029			10 31	2021		
City	State Zip Code					
Gainesville	FL 32614-7029		FEC Identification Nun	nber		
Purpose of Disbursement Non-Contribution Account: Statement Fee	Purpose of Disbursement					
Candidate Name			Transaction ID : E			
Candidate Name		Category/ Type	Amount of Each Disbu	ursement this Period		
Office Sought: House Disburse	ement For: 2021	Type		3.00		
Senate	Primary General		4	7 4		
President			Memo Item			
State: District:	Other					
SUBTOTAL of Disbursements This Page (optional)				33.00		
CODICIAL OF DISDUISEMENTS THIS Fage (Optional)		·····	7	7 4		
TOTAL This Period (last page this line number only	v)					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 32 (check only one)		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) FIRE YOUR CONGRESSMAN PAC				
Full Name (Last, First, Middle Initial) A. Campus USA Credit Union			Date of Disbursement	
Mailing Address PO Box 147029			11 30 2021	
Gainesville	State Zip Code FL 32614-7029		FEC Identification Number	
Purpose of Disbursement Non-Contribution Account: Bank Fee Candidate Name		Category/	Transaction ID : BD7F9D4740! Amount of Each Disbursement this Period	
	nent For: 2021 Primary General	Type	15.00	
State: President x	Other (specify) ▼ Other		Memo Item	
Full Name (Last, First, Middle Initial) Campus USA Credit Union			Date of Disbursement M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y	
Mailing Address PO Box 147029 City S				
•	Gainesville FL 32614-7029 Purpose of Disbursement			
Candidate Name		Category/ Type	Transaction ID : BB104EF94C! Amount of Each Disbursement this Period	
Senate	nent For: 2021 Primary General Other (specify)		15.00	
State: District:	Other		Memo Item	
Full Name (Last, First, Middle Initial) C. Campus USA Credit Union			Date of Disbursement	
Mailing Address PO Box 147029	Mailing Address PO Box 147029			
City State Zip Code Gainesville FL 32614-7029 Purpose of Disbursement			FEC Identification Number	
Non-Contribution Account: Statement Fee Candidate Name Ca			Transaction ID: BDB6548905 Amount of Each Disbursement this Period	
Senate F	nent For: 2021 Primary General Other (specify) Other	Type	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)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 32 (check only one)		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) FIRE YOUR CONGRESSMAN PAGE		on commune to	Second Committees.	
Full Name (Last, First, Middle Initial) A. Campus USA Credit Union			Date of Disbursement	
Mailing Address PO Box 147029	ailing Address PO Box 147029			
Gainesville	State Zip Code FL 32614-7029		FEC Identification Number	
Purpose of Disbursement Non-Contribution Account: Statement Fee Candidate Name		Category/	Transaction ID : B788B339AF Amount of Each Disbursement this Period	
Senate	nent For: 2021 Primary General Other (specify)	Type	3.00	
State: District:	Other		Memo Item	
Full Name (Last, First, Middle Initial) B. Campus USA Credit Union Mailing Address PO Box 147029			Date of Disbursement 12 31 2021	
City Gainesville Purpose of Disbursement	State Zip Code FL 32614-7029		FEC Identification Number	
Non-Contribution Account: Bank Fee Candidate Name	Non-Contribution Account: Bank Fee			
Senate President	nent For: 2021 Primary General Other (specify)		15.00 Memo Item	
State: District: Full Name (Last, First, Middle Initial) C. Campus USA Credit Union	Other		Date of Disbursement	
Mailing Address PO Box 147029			12 31 2021	
City Gainesville Purpose of Disbursement Non-Contribution Account: Bank Fee		FEC Identification Number		
Candidate Name			Transaction ID: BF0B325C4A Amount of Each Disbursement this Period	
Senate	nent For: 2021 Primary General Other (specify) Other	Type	15.00 Memo Item	
SUBTOTAL of Disbursements This Page (optional)			33.00	
TOTAL This Period (last page this line number only)			198.00	

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 Election: 2017 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 9495.00 9495.00 0.00 TERMS Date Incurred Date Due Interest Rate Secured: 17^D 11 2017 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2017 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5.00 5.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 17^D 11 2017 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2017 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3100.00 3100.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 15 12 2017 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3000.00 3000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 18 01 2018 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3035.00 3035.00 0.00 TERMS Date Incurred Date Due Interest Rate Secured: 20 02 2018 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 15000.00 0.00 TERMS Date Incurred Date Due Interest Rate Secured: 08 03 2018 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 16000.00 16000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 28 04 2018 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2000.00 2000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 10 05 2018 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 13000.00 13000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 06 01 2018 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 1000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 06 2018 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 12000.00 12000.00 0.00 TERMS Date Incurred Date Due Interest Rate Secured: 10 07 2018 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 22000.00 22000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 09 01 2018 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2019 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2800.00 2800.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 05 01 2019 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2019 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 1000.00 0.00 TERMS Date Incurred Date Due Interest Rate Secured: 04 08 2019 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2019 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 5000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 14 09 2019 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2020 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100.00 100.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 05 06 2020 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2020 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100.00 100.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 08 2020 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2020 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100.00 100.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 10 01 2020 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2020 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 7500.00 7500.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 10 10 2020 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.

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 Election: 2021 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10000.00 10000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 01 2021 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State 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.