

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Ernest Richter For US Representative

ADDRESS (number and street)

1650 W 16th St Apt 513

(Check if address is changed)

San Bernardino

CITY ▲

CA

STATE ▲

92411

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

ehr6@nau.edu

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

12 / 02 / 2025

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Ernest H Richter

Signature of Treasurer

*Ernest H Richter*

Date

12 / 02 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 03/2022)

5. TYPE OF COMMITTEE:

Candidate Committee:

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

Name of Candidate Ernest Richter

Candidate Party Affiliation Rep Office Sought:  House  Senate  President State   
 District

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

Name of Candidate

Party Committee:

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

Political Action Committee (PAC):

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

Joint Fundraising Representative:

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

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_
2. \_\_\_\_\_

C \_\_\_\_\_  
 C \_\_\_\_\_

COMPLETED BY: [illegible]

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲

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

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

Full Name

Ernest H Richter

Mailing Address

1650 W 16th St Apt 513

San Bernardino

CA

92411

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

909

573

6412

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

Full Name of Treasurer

Ernest H Richter

Mailing Address

1650 W 16th St Apt 513

San Bernardino

CA

92411

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

909

573

6412

NON PROFIT ORGANIZATION

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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

Name of Bank, Depository, etc.

Bank of America [Empty grid]

Mailing Address

12747 Central Ave [Empty grid]

[Empty grid for Mailing Address]

Chino [Empty grid] CA [Empty grid] 91710 [Empty grid]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

NON-PROFIT CORPORATION

Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

5(i) or (j). Joint Fundraising Participant:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number \_\_\_\_\_

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

Name of Bank, Depository, etc. \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

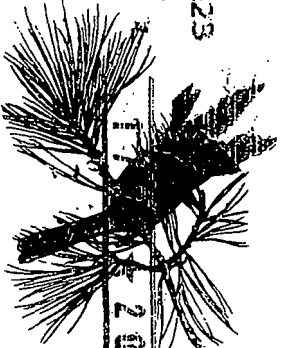
CITY ▲ STATE ▲ ZIP CODE ▲

2024 RELEASE UNDER E.O. 14176

Ernest Richter  
1650 W 16th St Apt 513  
San Bernardino, CA 92411

SN BERNARDINO CA 925

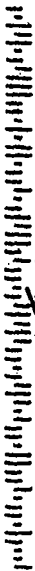
2 DEC 2025



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Federal Election Commission  
1050 First St NE  
Washington D.C. 20463

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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date      Date of Receipt Next Business Day Delivery <input type="checkbox"/>
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*SPM*  
 PREPARER

12/8/25  
 DATE PREPARED

(4/2023)

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