

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) 2233 NW 41 Street Gainesville FL 32606 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00663963 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2018 through 06 30 2018

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 07 11 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**FIRE YOUR CONGRESSMAN PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="2115.42"/>	<input type="text" value="2115.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1900.38"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="33105.10"/>	<input type="text" value="55440.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="35005.48"/>	<input type="text" value="57555.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="31084.36"/>	<input type="text" value="53634.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3921.12"/>	<input type="text" value="3921.12"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="65635.00"/>	

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

Write or Type Committee Name

**FIRE YOUR CONGRESSMAN PAC**

Report Covering the Period: From:  /  /  To:  /  /

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 .....	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 .....	32000.00	53035.00
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.).....	1105.10	2405.10
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)).....▶	33105.10	55440.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	33105.10	55440.10

**DETAILED SUMMARY PAGE**

of Disbursements

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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).....	31084.36	53634.40
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)) ..	31084.36	53634.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31084.36	53634.40

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <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 the 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 A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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**

**A. Richter, Norbert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3736 SW 6th Place

City Gainesville	State FL	Zip Code 32607-2901
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Marine Maintenance Service of SW FL In	Occupation (for Individual) Engineer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
37035.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2018  
**Transaction ID : A447A367ADAB04FEE93E**

Amount of Each Receipt this Period  
16000.00

Memo Item  
Non-Contribution Account

**B. Richter, Norbert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3736 SW 6th Place

City Gainesville	State FL	Zip Code 32607-2901
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Marine Maintenance Service of SW FL In	Occupation (for Individual) Engineer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39035.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2018  
**Transaction ID : A0E7C8D26A6EC4B04AF7**

Amount of Each Receipt this Period  
2000.00

Memo Item  
Non-Contribution Account

**C. Richter, Norbert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3736 SW 6th Place

City Gainesville	State FL	Zip Code 32607-2901
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Marine Maintenance Service of SW FL In	Occupation (for Individual) Engineer
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
52035.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2018  
**Transaction ID : A9DE61C23C3EE4F348B7**

Amount of Each Receipt this Period  
13000.00

Memo Item  
Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	31000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 24  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**FIRE YOUR CONGRESSMAN PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Richter, Norbert, , ,  
 Mailing Address 3736 SW 6th Place  
 City Gainesville State FL Zip Code 32607-2901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marine Maintenance Service of SW FL In Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 53035.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2018  
**Transaction ID : A3FDC85797DED486A8C9**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Non-Contribution Account

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	32000.00



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRE YOUR CONGRESSMAN PAC**

**A. Richter, Norbert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3736 SW 6th Place

City Gainesville	State FL	Zip Code 32607-2901
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Marine Maintenance Service of SW FL In	Occupation (for Individual) Engineer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2018

**Transaction ID : A0939BAFA33C44C12BFF**

Amount of Each Receipt this Period  
250.00

Memo Item  
Non-Contribution Account

**B. Richter, Norbert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3736 SW 6th Place

City Gainesville	State FL	Zip Code 32607-2901
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Marine Maintenance Service of SW FL In	Occupation (for Individual) Engineer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2018

**Transaction ID : A11E72F914E004B1785F**

Amount of Each Receipt this Period  
250.00

Memo Item  
Non-Contribution Account

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	500.00

**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)

<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. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025-1452

Purpose of Disbursement  
Non-Contribution Account: Advertising

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2018

FEC Identification Number

C  
**Transaction ID : B347C5B132**  
Amount of Each Disbursement this Period  
237.74

Memo Item

Full Name (Last, First, Middle Initial)

**B. Prestige Realty Services**

Mailing Address 2233 NW 41st Street Suite 100H

City Gainesville State FL Zip Code 32606-7543

Purpose of Disbursement  
Non-Contribution Account: Rent

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2018

FEC Identification Number

C  
**Transaction ID : B490B824933**  
Amount of Each Disbursement this Period  
207.29

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvania Ave., SE,

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Non-Contribution Account: Political Software and Compliance

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2018

FEC Identification Number

C  
**Transaction ID : B3D7D8E8C**  
Amount of Each Disbursement this Period  
3000.00

Memo Item

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

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

3445.03

**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)

<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) <b>A. Promoshin</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address 22020 Clarendon St, Ste 110		FEC Identification Number C [ ] <b>Transaction ID : BACF767DAE</b> Amount of Each Disbursement this Period [ ] 800.00
City Woodland Hills	State CA	Zip Code 91367-6336
Purpose of Disbursement Non-Contribution Account: Marketing Video		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Keybridge</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address 1722-A Wisconsin Avenue, NW		FEC Identification Number C [ ] <b>Transaction ID : BD3805156E</b> Amount of Each Disbursement this Period [ ] 12000.00
City Washington	State DC	Zip Code 20007-2300
Purpose of Disbursement Non-Contribution Account: PR Services		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Campus USA Credit Union</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address P.O. Box 147029		FEC Identification Number C [ ] <b>Transaction ID : B09B6146AE</b> Amount of Each Disbursement this Period [ ] 3.00
City Gainesville	State FL	Zip Code 32614-7029
Purpose of Disbursement Non-Contribution Account: Paper Statement Fee		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 12803.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**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)

<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. Truth PR**

Mailing Address PO Box 145

City Oxford State MS Zip Code 38655-0145

Purpose of Disbursement  
Non-Contribution Account: Marketing Radio / TV Interviews

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  Other  
State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2018

FEC Identification Number

C  
Transaction ID : B0FCE37C4E  
Amount of Each Disbursement this Period  
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Campus USA Credit Union**

Mailing Address P.O. Box 147029

City Gainesville State FL Zip Code 32614-7029

Purpose of Disbursement  
Non-Contribution Account: Paper Statement Fee

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  Other  
State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2018

FEC Identification Number

C  
Transaction ID : B37E56AB43  
Amount of Each Disbursement this Period  
3.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Promoshin**

Mailing Address 22020 Clarendon St, Ste 110

City Woodland Hills State CA Zip Code 91367-6336

Purpose of Disbursement  
Non-Contribution Account: Marketing Video

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  Other  
State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2018

FEC Identification Number

C  
Transaction ID : BC2500454C  
Amount of Each Disbursement this Period  
800.00

Memo Item

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

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

2303.00

**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)

<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. Keybridge**

Mailing Address 1722-A Wisconsin Avenue, NW

City Washington State DC Zip Code 20007-2300

Purpose of Disbursement  
Non-Contribution Account: PR Services

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  Other  
State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2018

FEC Identification Number

C  
Transaction ID : BCE99F6288  
Amount of Each Disbursement this Period  
12000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Prestige Realty Services**

Mailing Address 2233 NW 41st Street Suite 100H

City Gainesville State FL Zip Code 32606-7543

Purpose of Disbursement  
Non-Contribution Account: Office Rental

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  Other  
State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2018

FEC Identification Number

C  
Transaction ID : B8889EDEF  
Amount of Each Disbursement this Period  
207.29

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvania Ave., SE,

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Non-Contribution Account: Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  Other  
State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2018

FEC Identification Number

C  
Transaction ID : B2293CBB0c  
Amount of Each Disbursement this Period  
115.75

Memo Item

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

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

12323.04

**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)

<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) <b>A. Prestige Realty Services</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018
Mailing Address 2233 NW 41st Street Suite 100H		FEC Identification Number C [ ] <b>Transaction ID : B0711DA696</b> Amount of Each Disbursement this Period [ ] 207.29
City Gainesville	State FL	Zip Code 32606-7543
Purpose of Disbursement Non-Contribution Account: Office Rental		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Campus USA Credit Union</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018
Mailing Address P.O. Box 147029		FEC Identification Number C [ ] <b>Transaction ID : B5EBB610B9</b> Amount of Each Disbursement this Period [ ] 3.00
City Gainesville	State FL	Zip Code 32614-7029
Purpose of Disbursement Non-Contribution Account: Paper Statement Fee		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]
City	State	Zip Code
Purpose of Disbursement		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 210.29
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 31084.36

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C5E467CCA8B0C4B45AB6**  
**FIRE YOUR CONGRESSMAN PAC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>N</b> <input type="checkbox"/> Memo Item Richter, Norbert, , ,			Election: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 3736 SW 6th Place			
City Gainesville	State FL	ZIP Code 32607-2901	Other

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9495.00	0.00	9495.00

**TERMS**

Date Incurred MM / DD / YYYY 11 / 17 / 2017	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	9495.00
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **Transaction ID : C274992D70ACD44BBB25**  
**FIRE YOUR CONGRESSMAN PAC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Richter, Norbert, , ,			<input checked="" type="checkbox"/> Memo Item	Election: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 3736 SW 6th Place				Other _____
City Gainesville	State FL	ZIP Code 32607-2901		

Original Amount of Loan 5.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5.00
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**TERMS**

Date Incurred MM / DD / YYYY 11 / 17 / 2017	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: _____

<b>SUBTOTALS</b> This Period This Page (optional) .....	5.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **FIRE YOUR CONGRESSMAN PAC** Transaction ID : C8B702E6F0BF745CBB2A

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>N</b> <input type="checkbox"/> Memo Item Richter, Norbert, , ,			Election: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 3736 SW 6th Place			
City Gainesville	State FL	ZIP Code 32607-2901	Other

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3100.00	0.00	3100.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 12 / 15 / 2017	MM / DD / YYYY None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	3100.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **FIRE YOUR CONGRESSMAN PAC** Transaction ID : **C2109AF4F06124FEE9F8**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Richter, Norbert, , ,			<input checked="" type="checkbox"/> Memo Item	Election: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 3736 SW 6th Place				
City Gainesville	State FL	ZIP Code 32607-2901	Other	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

**TERMS**

Date Incurred MM / DD / YYYY 01 / 18 / 2018	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	3000.00
<b>TOTALS</b> This Period (last page in this line only) .....	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **FIRE YOUR CONGRESSMAN PAC** Transaction ID : **C4C06AF0624EB48B390B**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Richter, Norbert, , ,			<input checked="" type="checkbox"/> Memo Item	Election: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 3736 SW 6th Place				Other _____
City Gainesville	State FL	ZIP Code 32607-2901		

Original Amount of Loan 3035.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3035.00
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**TERMS**

Date Incurred MM / DD / YYYY 02 / 20 / 2018	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: _____

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	3035.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **FIRE YOUR CONGRESSMAN PAC** Transaction ID : **C315D60D6096A4500A44**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>N</b> <input type="checkbox"/> Memo Item Richter, Norbert, , ,			Election: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 3736 SW 6th Place			
City Gainesville	State FL	ZIP Code 32607-2901	Other

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 03 / 08 / 2018	MM / DD / YYYY None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	15000.00
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **Transaction ID : C447A367ADAB04FEE93E**  
**FIRE YOUR CONGRESSMAN PAC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Richter, Norbert, , ,			<input checked="" type="checkbox"/> Memo Item	Election: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 3736 SW 6th Place				
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
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**TERMS**

Date Incurred MM / DD / YYYY 04 / 28 / 2018	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 16000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **FIRE YOUR CONGRESSMAN PAC** Transaction ID : **C0E7C8D26A6EC4B04AF7**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Richter, Norbert, , ,			<input checked="" type="checkbox"/> Memo Item	Election: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 3736 SW 6th Place				
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
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**TERMS**

Date Incurred MM / DD / YYYY 05 / 10 / 2018	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 2000.00
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **Transaction ID : C9DE61C23C3EE4F348B7**  
**FIRE YOUR CONGRESSMAN PAC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Richter, Norbert, , ,			<input checked="" type="checkbox"/> Memo Item	Election: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 3736 SW 6th Place				
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
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**TERMS**

Date Incurred MM / DD / YYYY 06 / 01 / 2018	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	13000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **FIRE YOUR CONGRESSMAN PAC** Transaction ID : C3FDC85797DED486A8C9

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Richter, Norbert, , ,			<input checked="" type="checkbox"/> Memo Item	Election: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 3736 SW 6th Place				
City Gainesville	State FL	ZIP Code 32607-2901	Other	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

**TERMS**

Date Incurred MM / DD / YYYY 06 / 29 / 2018	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	65635.00

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