PAGE 1 / 24

Image# 201807149115492700

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For O	ther Than An Au	ıthorized	Committ	ee		Office Us	se Only	
NAME OF COMMITTEE (in fu		OR PRINT ▼		iple: If typi the lines.	ng, type	12FE4	·M5		
FIRE YOUR CO	NGRESSM	MAN PAC							1
<u> </u>									
		2 NIW 44 Ctreat							
ADDRESS (number and	street)	3 NW 41 Street							
Check if differ than previously reported. (ACC	y ı Ga	inesville				FL	32606	<u> </u>	
2. FEC IDENTIFICA	TION NUMBE	R ▼C	ITY 🛦			STATE 🛦		ZIP COD	DE 🛦
C C00663963		3.	IS THIS REPORT		NEW (N) OR		AMENDED (A)		
4. TYPE OF REPO (Choose One) (a) Quarterly Repo		Report Due On:	eb 20 (M2) ar 20 (M3) or 20 (M4)	Ĭ	May 20 (M5) Jun 20 (M6) Jul 20 (M7)		aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly October 1	Report (Q1) Report (Q2) 5 Report (Q3)	(c) 12-Day PRE-Election Report for the:		rimary (12F		_	ral (12G) al (12S)		Runoff (12R)
January 3		Elect	tion on	M M /	D D /	Y II Y II Y	Y	in the State of	
Year Only	on-election (MY)	(d) 30-Day POST-Election Report for the:		General (30	G)	Runo	ff (30R)		Special (30S)
Terminatio (TER)	n Report	Elect	tion on	M = M /	D D /	Y	Y	in the State of	
5. Covering Period	04 /	01 2018		through	M M	/ D D D 30	20		
I certify that I have exa Type or Print Name of	Ric	oort and to the best on the hest of the he	of my knowl	edge and	belief it is tr	ue, correct	and comple	ie.	
Signature of Treasurer	Richter, Nort	bert, , ,	[I	Electronicall	y Filed]	Date 0			2018
NOTE: Submission of fal	se, erroneous, o	or incomplete informati	ion may subj	ject the per	son signing t	his Report t	o the penalti	es of 52 l	J.S.C. § 30109
Office Use								FORM Rev. 05/20	

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: 04 01 2018 To: 06 30 2018

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

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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: 04	/ 01 / 2018 To	06 30 7 2018
	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
	(1) 1101111204 (400 001104410 71)	7 7 7	
	(ii) Unitemized	0.00	0.00
	(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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7 7
	(such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	0.00	0.00
12	Totals to Line 33, page 5) Transfers From Affiliated/Other	3.00	4 4
12.	Party Committees	0.00	0.00
		4 4	4 4 4
13.	All Loans Received	32000.00	53035.00
11	Loan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures	7 7	7 7 7
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made		
	to Federal Candidates and Other	0.00	0.00
17	Political Committees Other Federal Receipts	0.00	0.00
17.	(Dividends, Interest, etc.)	1105.10	2405.10
18.	Transfers from Non-Federal and Levin Funds	4 4	4 4
	(a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	1	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
		7 7 7 7 7	
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

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	1000 1110	Galeridai Teal-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	3.00	
Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	4 4	
and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
•	4 4	0.00
Loan Repayments Made	0.00	0.00
		0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	31084.36	53634.40
Federal Election Activity (52 U.S.C. § 30101((20))	7 7
(a) Allocated Federal Election Activity	20))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
		7 1 1 4 1 1 4 1 1 4 1 1 4 1 1 1 4 1
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	31084.36	53634.40
Total Fadaral Disharasasasas	45 45 45	4 4
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	24224.20	
110 01/	31084.36	53634.40

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5

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

: 97 A = 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 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:

Other (specify)

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)	FOR LINE NUMBER:					PAGE		7	OF	24
	(che	(check only one)								
for each category of the Detailed Summary Page		11a		11b		11c		12		
Dotailed Cultimary 1 age	×	13		14		15		16		17
not be sold or used by any person for the purpose of soliciting contributions										

Any information copied from such Reports and Statements may 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 of Individual (Last, First, Middle Initial) or Full Organization Name Richter, Norbert, , , Date of Receipt Mailing Address 3736 SW 6th Place 2018 City State Zip Code Transaction ID: A447A367ADAB04FEE93E FL 32607-2901 Gainesville Amount of Each Receipt this Period FEC ID number of contributing C 16000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Marine Maintenance Service of SW FL In Engineer Non-Contribution Account Receipt For: Aggregate Year-to-Date ▼ Primary General 37035.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Richter, Norbert, , , Date of Receipt Mailing Address 3736 SW 6th Place 05 10 2018 City State Zip Code Transaction ID: A0E7C8D26A6EC4B04AF7 Gainesville FL 32607-2901 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Marine Maintenance Service of SW FL In Non-Contribution Account Engineer Receipt For: Aggregate Year-to-Date ▼ Primary General

	,	,	
Full Name of Individual (Last, First, Middle In Richter, Norbert, , ,	itial) or Full Orga	nization Name	Date of Receipt
Mailing Address 3736 SW 6th Place			06 01 2018
City	State	Zip Code	Transaction ID : A9DE61C23C3EE4F348B7
Gainesville	FL	32607-2901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		13000.00 Memo Item
Name of Employer (for Individual)		tion (for Individual)	
Marine Maintenance Service of SW FL In	Engine	er	Non-Contribution Account
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 52035.00	
NIDTOTAL of Bassista This Bass (autisms)			31000.00

SUBTOTAL of Receipts This Page (optional).....

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

39035.00

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

_				1.0
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRE YOUR CONGRESSMAN	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Richter, Norbert, , ,	tial) or Full Orga	anization Name	Date of Receipt
	Mailing Address 3736 SW 6th Place			06 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Gainesville	State FL	Zip Code 32607-2901	Transaction ID : A3FDC85797DED486A8C9 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer (for Individual) Marine Maintenance Service of SW FL In	Occup: Engine	ation (for Individual) eer	Memo Item Non-Contribution Account
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 53035.00	
В.	Full Name of Individual (Last, First, Middle Init	tial) or Full Org	anization Name	Date of Receipt
	Mailing Address City	State	Zip Code	M = M / D = D / Y = Y = Y
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼	
С .	Full Name of Individual (Last, First, Middle Init	tial) or Full Org	anization Name	Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼	
5	SUBTOTAL of Receipts This Page (optional)			1000.00
	OTAL This Period (last page this line number of	only)		32000.00

SCHEDITE V (EEC Earm 3A)			FOR LINE NUMBER DAGE C C C							
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 24 (check only one)							
TEMIZED RECEIPTS		for each category of the								
		Detailed Summary Page	11a 11b 11c 12							
Any information copied from such Reports and Sor for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,								
> FIRE YOUR CONGRESSMAN	PAC									
Full Name of Individual (Last, First, Middle In	itial) or Full C	rganization Name	Data of Receipt							
Mailing Address 3736 SW 6th Place			Date of Receipt							
Walling Address 3730 SW off Flace			05 28 2018							
City	State	Zip Code	Transaction ID : A0939BAFA33C44C12BFF							
Gainesville	FL	32607-2901	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		250.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Marine Maintenance Service of SW FL In	Eng	ineer	Non-Contribution Account							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		635.00								
Full Name of Individual (Last, First, Middle In	itial) or Full C	Irganization Namo								
3. Richter, Norbert, , ,	illiai) oi Tuli C	ngamzation Name	Date of Receipt							
Mailing Address 3736 SW 6th Place			M = M / D = D / Y = Y = Y							
			05 28 2018							
City	State	Zip Code	Transaction ID : A11E72F914E004B1785F							
Gainesville	FL	32607-2901	Amount of Each Receipt this Period							
FEC ID number of contributing	С		250.00							
federal political committee.			45 45 45							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Marine Maintenance Service of SW FL In	Enç	gineer	Non-Contribution Account							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		385.00	1							
Carlot (opcony) •		, , , , ,								
Full Name of Individual (Last, First, Middle In	itial) or Full C	rganization Name	Data of David							
Mailing Address			Date of Receipt							
Mailing Address			M - M / D - D / Y - Y - Y							
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing		 	can or East recopt the Forest							
federal political committee.	C		, ,							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For:	Annrenate	Year-to-Date ▼								
Primary General	, 1991 09416	.50. 10 50.0	1							
Other (specify)		4 4								
SUBTOTAL of Receipts This Page (optional)			500.00							
age (optional)		······								

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

500.00

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SCHEDULE B (F	CHEDULE B (FEC Form 3X)					R LINE NUMBER: PAGE 10 OF 24					
ITEMIZED DISBU	RSEMENTS		rate schedule(s) category of the	(check	k only	y one)					
			Summary Page		21b 28a	22 28b	23 28c	26		27 30b	
Any information and the	om auch Deserte O' '		o + ho - =	od b				of colin			
	om such Reports and State es, other than using the na										
NAME OF COMMITTE											
I \	ONGRÉSSMAN PA	AC									
[NAC-L-III - L-SAC-IV				-						
Full Name (Last, First, A. Facebook	iviladie initial)					Date o	f Disburs	ement			
1 acenony						M M	_	D /	Y	(Y Y	-
Mailing Address 1601	Willow Rd					04		12		018	
City	I	State	Zin Codo								
City Menlo Park		State CA	Zip Code 94025-1452			FEC Io	lentification	n Numl	oer		
Purpose of Disburseme					7	С					
Non-Contribution Acco	ount: Advertising			L			ansactio	1 ID : B3	347C5I	B132:	
Candidate Name				Category Type	y/	Amoun	t of Each	Disbur	semen	t this Pe	riod
Office Sought:	House Disburse	ement For: 2	2018	iype	\dashv					237.74	
	Senate	Primary	General				-			4 46	
State: Dist	President x	Other (spec	cify) ▼ Other			Me	emo Item				
Full Name (Last, First,			Other			_					
B. Prestige Realty	•					Date o	f Disburs	ement			
						M = M / D = D / Y = Y = Y					7
Mailing Address 2233 Suite	NW 41st Street 100H					04		28	2	2018	_
City		State	Zip Code			FEC Io	lentification	n Numl	oer		
Gainesville Purpose of Disburseme	ent	FL	FL 32606-7543			C					
Non-Contribution Acco				1		Transaction ID : B490B824933				24933	
Candidate Name				Category	y/		t of Each				eriod
Office Sought:	House Disburse	ement For: 2	0019	Туре				-		207.29	
Since Cought.	Senate	Primary	General								
	President x	Other (spec	cify)			Me	emo Item				
State: Dist			Other			L IVIC					
Full Name (Last, First,	,					Date o	f Disburs	ement			
C. Aristotle Interna	นเปเสเ					M M M	_	D /	Y	/ Y Y	-
Mailing Address 205 P	ennsylvania Ave., SE,					04		28		018	
City		State	Zip Code			FEC Io	lentification	n Numl	oer		
Washington Purpose of Disburseme	ent	DC	20003-1164						•		
	Purpose of Disbursement Non-Contribution Account: Political Software and Compliance				C	nnos:**	, ID . T	מבח מ	E9C'		
Candidate Name				Category	y/		ansactio i t of Each				eriod
Office Sought:	House Disk	mont Fam -	2040	Type						3000.00	
Onice Sougift.	House Disburse Senate	ment For: 2	nent For: 2018 Primary General				-7-			3000.00	
	President x	Other (spec				Ma	emo Item				
State: Dist		-	Other			L IVIC					
OUDTOTAL (S)										3445.03	
SUBTOTAL of Disburser	ments This Page (optional).				<u> </u>	-				3 140.00	#
TOTAL This Period (last	page this line number only	/)			•						, 1

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SCHEDULE B (FEC Form :	3X)			FOR LINE	NUMBER: PAGE 11 OF 24			
ITEMIZED DISBURSEMENTS	S		arate schedule(s) category of the	(check only	v one)			
			Summary Page	21b	22 23 26 27			
				28a	28b 28c x 29 30b			
Any information copied from such Reports or for commercial purposes, other than us					on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)	ing the Hall	no ana audi	oos of any politi	oar committee to	Conor continuations from Such Committee.			
FIRE YOUR CONGRESSI		C						
/ TIKE TOOK CONGRESSION	MAINFA	·C						
Full Name (Last, First, Middle Initial)								
A. Promoshin					Date of Disbursement			
					M M / D D / Y Y Y Y			
Mailing Address 22020 Clarendon St, St	e 110				04 30 2018			
City		State	Zip Code		FFC Identification Number			
Woodland Hills		CA	91367-6336		FEC Identification Number			
Purpose of Disbursement Non-Contribution Account: Marketing Vi	deo							
	ueu				Transaction ID : BACF767DA(
Candidate Name				Category/	Amount of Each Disbursement this Period			
Office Sought: House	Disburser	ment For: 2	2018	Туре	800.00			
Senate		Primary	General		7 7			
President	×	Other (spec	cify) ▼		Memo Item			
State: District:			Other		In mone ton			
Full Name (Last, First, Middle Initial)								
B. Keybridge					Date of Disbursement O4 30 2018			
Mailing Address 1722-A Wisconsin Ave	nuo NIM							
Maining / Mai 033 1722-A WISCONSIN AVE	iiue, INVV				OT 50 2010			
City	City State Zip Code Washington DC 20007-2300							
Washington			FEC Identification Number					
Purpose of Disbursement Non-Contribution Account: PR Services				· · · ·	C			
Candidate Name				Cotogogg	Transaction ID : BD3805156EC			
				Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House	Disburser	ment For:	2018	·	12000.00			
Senate		Primary	General					
State: President District:	×	Other (spec			Memo Item			
			Other					
Full Name (Last, First, Middle Initial) C. Campus USA Credit Union					Date of Disbursement			
- Jampus OOA Oleuk Ollion					M M / D D / Y Y Y Y			
Mailing Address P.O. Box 147029					04 30 2018			
-	Т	<u> </u>	T=: 0 :					
City Gainesville		State FL	Zip Code 32614-7029		FEC Identification Number			
Purpose of Disbursement			32014-1023		C			
Non-Contribution Account: Paper Stater	ment Fee				Transaction ID : B09B6146AE			
Candidate Name				Category/	Amount of Each Disbursement this Period			
				Type	2.00			
Office Sought: House	Disburser	ment For: 2			3.00			
Senate President		Primary Other (spec	General					
State: District:	X	Othor (oper	Other		Memo Item			
SUBTOTAL of Disbursements This Page	(optional)				12803.00			
TOTAL This Period (last page this line nu	umber only))						

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	<i>`</i>		
	Detailed Summary Page	210 28a	22 23 26 27 28b 28c x 29 30b		
Any information copied from such Reports and St	atements may not be sold or us	sed by any ners	<u> </u>		
or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full)					
$ \; angle$ FIRE YOUR CONGRESSMAN $ \;$	PAC				
Full Name (Last, First, Middle Initial)					
A. Truth PR			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address PO Box 145			05 10 2018		
City	State Zip Code				
Oxford	MS 38655-0145		FEC Identification Number		
Purpose of Disbursement Non-Contribution Account: Marketing Radio / T	/ Interviews				
Candidate Name	VIIILEIVIEWS		Transaction ID : B0FCE37C4E		
Cardidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbu	rsement For: 2018	.,,,,	1500.00		
Senate	Primary General				
State: District:	▼ Other (specify) ▼ Other		Memo Item		
Full Name (Last, First, Middle Initial)	Other				
B. Campus USA Credit Union			Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address P.O. Box 147029			05 30 2018		
City	State Zip Code				
Gainesville	FL 32614-7029		FEC Identification Number		
Purpose of Disbursement Non-Contribution Account: Paper Statement Fe	Δ				
Candidate Name			Transaction ID : B37E56AB434		
Canadato Namo		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbu	rsement For: 2018		3.00		
Senate	Primary General				
President State: District:	Other (specify) Other		Memo Item		
Full Name (Last, First, Middle Initial)	Other				
C. Promoshin			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address 22020 Clarendon St, Ste 110			05 30 2018		
City	State Zip Code		FFO Identification Number		
Woodland Hills	CA 91367-6336		FEC Identification Number		
Purpose of Disbursement Non-Contribution Account: Marketing Video			C		
Candidate Name		Ontonomy	Transaction ID : BC2500454C Amount of Each Disbursement this Period		
		Category/ Type	Amount of Each Disbursement this Period		
	rsement For: 2018		800.00		
Senate	Primary General				
State: President District:	↑ Other (specify) ▼ Other		Memo Item		
2.5	Outer				
SUBTOTAL of Disbursements This Page (option	al)		2303.00		
I TOTAL This Period (last page this line number of	nlv)				

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 24 (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 State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full) FIRE YOUR CONGRESSMAN PA						
Full Name (Last, First, Middle Initial) A. Keybridge	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 1722-A Wisconsin Avenue, NW						
City Washington	State Zip Code DC 20007-2300		FEC Identification Number			
Purpose of Disbursement Non-Contribution Account: PR Services Candidate Name		C Transaction ID : BCE99F6288I				
	ment For: 2018	Category/ Type	Amount of Each Disbursement this Period 12000.00			
Senate President	Primary General Other (specify) ▼		Memo Item			
State: District:	Other					
Full Name (Last, First, Middle Initial) B. Prestige Realty Services			Date of Disbursement			
Mailing Address 2233 NW 41st Street Suite 100H			06 01 2018			
City Gainesville Purpose of Disbursement	State Zip Code FL 32606-7543		FEC Identification Number			
Non-Contribution Account: Office Rental Candidate Name	Category/ Type	Transaction ID : B8889EDEFF: Amount of Each Disbursement this Period				
Senate	ment For: 2018 Primary General	3,60	207.29			
State: President X	Other (specify) Other		Memo Item			
Full Name (Last, First, Middle Initial) C. Aristotle International			Date of Disbursement			
Mailing Address 205 Pennsylvania Ave., SE,			06 01 2018			
City Washington	State Zip Code DC 20003-1164		FEC Identification Number			
Purpose of Disbursement Non-Contribution Account: Credit Card Processing Candidate Name	Transaction ID : B2293CBB0€ Amount of Each Disbursement this Period					
	ment For: 2018	Category/ Type	115.75			
Senate President State: District:	Primary ☐ General Other (specify) ▼ Other		Memo Item			
			40000.04			
SUBTOTAL of Disbursements This Page (optional)		·····•	12323.04			
TOTAL This Period (last page this line number only)					

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SCHEDULE B (FEC Form 3X)	Han annesete e l	۱- / ماريام	FOR LINE NUMBER: PAGE 14 OF 24						
ITEMIZED DISBURSEMENTS	Use separate sche for each category of		(check only one)			7.07			
	Detailed Summary		21b 28a	22 28b	23 26 29 29	27 30b			
Any information copied from such Departs and Statem	onte may not be sel	d or used							
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)									
$ \; angle$ FIRE YOUR CONGRESSMAN PAG	C								
Full Name (Last Eirst Middle Initial)			1						
Full Name (Last, First, Middle Initial) A. Prestige Realty Services					Date of Disbursement				
					M M / D D / Y Y Y Y				
Mailing Address 2233 NW 41st Street					06 30 2018				
Suite 100H	State Zin Cod	lo.							
City Gainesville	State Zip Cod FL 32606-			FEC Ident	ification Number				
Purpose of Disbursement	1 2 2 2 2			C					
Non-Contribution Account: Office Rental					action ID : B0711DA	1696			
Candidate Name Category/					Amount of Each Disbursement this Period				
Office Sought: House Disbursem	nent For: 2018		Type			207.29			
	Primary General								
					Item				
State: District:	O	ther							
Full Name (Last, First, Middle Initial)				Doto of D	aburaamant				
B. Campus USA Credit Union					Date of Disbursement				
Mailing Address P.O. Box 147029					06 30 2018				
				الشنا					
,	State Zip Cod			FEC Ident	ification Number				
Gainesville FL 32614-7029 Purpose of Disbursement									
Non-Contribution Account: Paper Statement Fee					C				
Candidate Name Category/					Transaction ID : B5EBB610B9 Amount of Each Disbursement this Period				
			Type	1111					
	nent For: 2018	noral				3.00			
	Primary General Genera	neral							
State: District:		ther		Memo Item					
Full Name (Last, First, Middle Initial)									
C.					Date of Disbursement				
AA 28 A A A					M - M / D - D / Y - Y - Y				
Mailing Address									
City	State Zip Cod	e		FFC Ident	ification Number				
				FEC Identification Number					
Purpose of Disbursement				C					
Candidate Name				Amount of Each Disbursement this Period					
		'	Category/ Type	Amount of	Each Dispursemen	t triis Period			
Office Sought: House Disbursem	nent For:								
	Primary General								
	Other (specify) ▼			Memo Item					
State: District:									
SUBTOTAL of Disbursements This Page (optional)						210.29			
COBTOTAL OF DISDUISCINCTUS THIS T age (optionar)				-	T	1 7 1			
TOTAL This Period (last page this line number only).				1	3	31084.36			

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

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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 Place 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

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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 Place 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

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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 Place 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

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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 Place 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

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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 Place 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

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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 Place 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

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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 Place 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

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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 Place 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

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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 Place 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

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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 Place 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)..... 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.