PAGE 1 / 27

Image# 202001319184847832

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For O	ther Than An A	uthorized	Commit	ee		Office U	se Only	
NAME OF     COMMITTEE (in fu		OR PRINT ▼		nple: If typ the lines.	ing, type	12FE4	IM5		
FIRE YOUR CO	NGRESSM	IAN PAC							
ADDRESS (number and	street)	0 E Wade Street							
Check if differ than previousl reported. (ACC	y Tre	nton				FL	32693	3	
2. <b>FEC IDENTIFICA</b>	TION NUMBE	R ▼	CITY 🛦			STATE A		ZIP COD	DE 🛦
C C00663963		3.	IS THIS REPORT		NEW (N) <b>OR</b>		AMENDED (A)		
4. TYPE OF REPO (Choose One)  (a) Quarterly Repo		Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	ĕ	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly October 1 Quarterly	Report (Q3)	(c) 12-Day PRE-Election Report for the		Primary (12		=	ral (12G) ial (12S)	in the	Runoff (12R)
July 31 M	Report (YE) id-Year	(d) 30-Day	ction on					State of	
Year Only		POST-Election Report for the		General (30	G)	Runo	ff (30R)		Special (30S)
Terminatio (TER)	n Report	Ele	ction on	M = M /	D D /	Y   Y   Y	Y	in the State of	
5. Covering Period	07	01 201	9	through	12 <sub></sub>	31	20	19	
I certify that I have exa Type or Print Name of	Ric	ort and to the best hter, Norbert, , ,	of my know	rledge and	belief it is tr	ue, correct	and comple	te.	
Signature of Treasurer	Richter, Nort	bert, , ,	1	Electronical	ly Filed]	Date 0			2020
NOTE: Submission of fal	se, erroneous, c	or incomplete informa	ation may sub	ject the pe	rson signing t	this Report	to the penalti	es of 52	U.S.C. § 30109
Office Use								FORI Rev. 05/20	

#### SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
FIRE YOUR CONGRESSMAN F	PAC	
Report Covering the Period: From:	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2019		2353.90
(b) Cash on Hand at  Beginning of Reporting Period	830.93	
(c) Total Receipts (from Line 19)	6020.00	8855.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6850.93	11208.99
7. Total Disbursements (from Line 31)	5767.98	10126.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1082.95	1082.95
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	108435.00	
This committee has qualified as a mul	ticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW	

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### FIRE YOUR CONGRESSMAN PAC

R	eport Covering the Period: From: 07	01 / 2019 To	o: 12 31 / Y Y Y Y Y Y
	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		
12.	Totals to Line 33, page 5)  Transfers From Affiliated/Other	0.00	0.00
	Party Committees	0.00	0.00
13.	All Loans Received	6000.00	8800.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	20.00	55.09
	(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))▶	6020.00	8855.09
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	6020.00	8855.09

#### **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)		Calcinal Tour to Butt
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4	7 7 7
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	0.00	0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	7 7 7
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
(444 2.1100 25(4), (5), 4114 (6),	0.00	0.00
Other Disbursements (Including		4040004
Non-Federal Donations)	5767.98	10126.04
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(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
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5767.98	10126.04
Total Federal Disbursements		,
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5767.09	10.000
	5767.98	10126.04

34. Total Contribution Refunds

35. Net Contributions (other than loans)

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

**Operating Expenditures** 

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 33. Total Contributions (other than loans) 0.00 0.00 (from Line 11(d), page 3) ..... 0.00 0.00 (from Line 28(d))..... 0.00 0.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b)) .......▶ 0.00 0.00 (from Line 15, page 3)..... 0.00 0.00 (subtract Line 37 from Line 36) ......

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XN Transaction ID:

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

Form/Schedule: Transaction ID:

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

27 FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the 11b 11a 11c 12 Detailed Summary Page **X** 13 14 15 16

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 of Individual (Last, First, Middle Initial) or Full Organization Name Richter, Norbert, , , Date of Receipt Mailing Address 3736 SW 6th PI 04 2019 City Zip Code State Transaction ID: AFAB9014A87794AEDA53 FL Gainesville 32607-2901 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 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 3800.00 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 PI 09 14 2019 City State Zip Code Transaction ID: AF7B2EEA5110341CAB2C FL Gainesville 32607-2901 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 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 Other (specify) 8800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 6000.00 SUBTOTAL of Receipts This Page (optional)..... 6000.00 TOTAL This Period (last page this line number only).....

#### ľ

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 27			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(CITECK OITS	<i>'</i>		
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b		
Any information copied from such Reports and Sta	tements may not be sold or us		, , , , , , , , , , , , , , , , , , ,		
or for commercial purposes, other than using the r					
NAME OF COMMITTEE (In Full)					
$ \hspace{.05cm} \rangle$ FIRE YOUR CONGRESSMAN P	AC				
Full Name (Last, First, Middle Initial)					
A. Campus USA Credit Union			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address PO Box 147029			07 31 2019		
City	State Zip Code		FEC Identification Number		
Gainesville	FL 32614-7029				
Purpose of Disbursement Non-Contribution Account: Bank Fee		· · · ·	C		
Candidate Name		Category/	Transaction ID : B1E2AD44F1 Amount of Each Disbursement this Period		
		Type			
	sement For: 2019		30.00		
Senate   President	Primary General  Control  Con				
State: District:	Other		Memo Item		
Full Name (Last, First, Middle Initial)					
B. Campus USA Credit Union			Date of Disbursement		
Mailing Address PO Box 147029			07 31 2019		
			2019		
City	State Zip Code		FEC Identification Number		
Gainesville Purpose of Disbursement	FL 32614-7029		C		
Non-Contribution Account: Statement Fee					
Candidate Name		Category/	Transaction ID: B8C953CB77! Amount of Each Disbursement this Period		
Office Sought: House	noment For: 2242	Type	3.00		
Office Sought: House Disburs Senate	sement For: 2019 Primary General		3.00		
Duraidant	Other (specify)		Momo Itom		
State: District:	Other		Memo Item		
Full Name (Last, First, Middle Initial)			Data of Bishamanari		
C. Campus USA Credit Union			Date of Disbursement		
Mailing Address PO Box 147029			08 31 2019		
	Ta				
City Gainesville	State Zip Code FL 32614-7029		FEC Identification Number		
Purpose of Disbursement	7.2 02014-7029		C		
Non-Contribution Account: Bank Fee			Transaction ID : BFD800BD94		
Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disbur	sement For: 2019	Туре	15.00		
Senate	Primary General				
	Other (specify) ▼		Memo Item		
State: District:	Other		_		
SUBTOTAL of Disbursements This Page (optiona	1		48.00		
CODICIAL OF DISDUISEMENTS THIS FAGE (OPHOTIA	J	<b>-</b>	4 4		
TOTAL This Period (last page this line number or	ıly)		1		

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S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF 27				
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(onlook only	<i>'</i>			
		Detailed Summary Page		22 23 26 27 28b 28c <b>x</b> 29 30b			
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	for commercial purposes, other than using the nar						
	NAME OF COMMITTEE (In Full)						
$ \rangle$	FIRE YOUR CONGRESSMAN PA	.C					
<u></u>	Full Name (Last, First, Middle Initial)						
A.	Campus USA Credit Union			Date of Disbursement			
	N. II. A.I.I. DO D. A. 477000			M M / D D / Y Y Y Y			
	Mailing Address PO Box 147029			08 31 2019			
	,	State Zip Code		FEC Identification Number			
	Gainesville Purpose of Disbursement	FL 32614-7029	1				
	Non-Contribution Account: Statement Fee			C			
	Candidate Name		Category/	Transaction ID : B891E68E139 Amount of Each Disbursement this Period			
			Type				
	Office Sought: House Disburser Senate	ment For: 2019		3.00			
	President x	Primary General Other (specify) ▼		П.,			
	State: District:	Other		Memo Item			
	Full Name (Last, First, Middle Initial)						
В.	Campus USA Credit Union			Date of Disbursement			
	Mailing Address PO Box 147029			09 30 2019			
	,	State Zip Code FL 32614-7029		FEC Identification Number			
	Gainesville Purpose of Disbursement	FL 32614-7029		C			
	Non-Contribution Account: Bank Fee			Transaction ID : B9D2517A6C			
	Candidate Name		Category/	Amount of Each Disbursement this Period			
	Office Sought: House Disburser	ment For: 2019	Туре	15.00			
	Senate	Primary General		7 7 7			
	President <b>x</b>	Other (specify)		Memo Item			
_	State: District:	Other		L mene nem			
_	Full Name (Last, First, Middle Initial)			Date of Disbursement			
٥.	Campus USA Credit Union			M M / D D / Y Y Y Y			
	Mailing Address PO Box 147029			09 30 2019			
	City	State Zip Code					
	City : Gainesville	FL 32614-7029		FEC Identification Number			
	Purpose of Disbursement Non-Contribution Account: Statement Fee			C			
	Candidate Name			Transaction ID : BCF2AF2F5E			
	Calididate Name		Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disburser	ment For: 2019	1 -76-	3.00			
	Senate	Primary General					
	State: President X	Other (specify) ▼ Other		Memo Item			
г	District.	Omer					
s	UBTOTAL of Disbursements This Page (optional)			21.00			
H							
T	OTAL This Period (last page this line number only)	)					

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SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 10 OF 27			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon orii)				
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b			
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Any information copied from such Reports and States or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)						
FIRE YOUR CONGRESSMAN PA	AC .					
Full Name (Last First Middle Initial)						
Full Name (Last, First, Middle Initial)  A. Aristotle International			Date of Disbursement			
Anstotie international			M M / D D / Y Y Y Y			
Mailing Address 205 Pennsylvania Ave SE			10 01 2019			
City	Chaha Zin Cada					
City Washington	State Zip Code DC 20003-1164		FEC Identification Number			
Purpose of Disbursement			С			
Non-Contribution Account: Political Software and C	Compliance		Transaction ID : B18725EF8CI			
Candidate Name		Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For: 2019	Туре	5599.98			
Senate	Primary General		7 7 7			
President <b>x</b>	Other (specify) ▼		Memo Item			
State: District:	Other		<u> </u>			
Full Name (Last, First, Middle Initial)  B. Campus USA Credit Union			Date of Disbursement			
B. Campus USA Credit Union			M M / D D / Y Y Y			
Mailing Address PO Box 147029			10 31 2019			
City Gainesville	State Zip Code FL 32614-7029		FEC Identification Number			
Purpose of Disbursement	32614-7029		С			
Non-Contribution Account: Bank Fee			Transaction ID: BB9504F01D8 Amount of Each Disbursement this Period 30.00			
Candidate Name		Category/				
Office Sought: House Disburse	mont For: 0040	Туре				
Office Sought: House Disburser Senate	ment For: 2019 Primary General		30.00			
	Other (specify)		Memo Item			
State: District:	Other		Memo item			
Full Name (Last, First, Middle Initial)						
C. Campus USA Credit Union			Date of Disbursement			
Mailing Address PO Box 147029			10 31 2019			
	State Zip Code FL 32614-7029		FEC Identification Number			
Gainesville Purpose of Disbursement	FL 32614-7029		C			
Non-Contribution Account: Statement Fee		Transaction ID : B308529C16				
Candidate Name	Amount of Each Disbursement this Period					
Office Country	Type	3.00				
Office Sought: House Disburse Senate	ment For: 2019  Primary General		3.00			
President x	Other (specify) ▼		Marra Harra			
State: District:	Other		Memo Item			
SUBTOTAL of Disbursements This Page (optional)		······································	5632.98			
TOTAL This Period (last page this line number only	)					

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SCHEDULE B (FEC Form 3X)	Han annual	FOR LINE NUMBER: PAGE 11 C				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlook orn)	(check only one)			
	Detailed Summary Page	21b 28a	22 23 26 28c <b>x</b> 29	27 30b		
Any information copied from such Reports and Statem	l nents may not be sold or us					
or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
$ \hspace{.05cm} \rangle$ FIRE YOUR CONGRESSMAN PAG	C					
Full Name (Last, First, Middle Initial)						
A. Campus USA Credit Union			Date of Disbursement			
			M M / D D / Y Y Y Y Y			
Mailing Address PO Box 147029			11 30	2019		
,	State Zip Code		FEC Identification Number			
Gainesville Purpose of Disbursement	FL 32614-7029			-		
Non-Contribution Account: Statement Fee			C			
Candidate Name		Category/	Transaction ID: B6F98A Amount of Each Disburseme			
		Type				
	nent For: 2019 Primary General			3.00		
	Other (specify) ▼		Memo Item			
State: District:	Other		Memo item			
Full Name (Last, First, Middle Initial)			D . (D) .			
B. Campus USA Credit Union			Date of Disbursement			
Mailing Address PO Box 147029			11 30	2019		
,	State Zip Code FL 32614-7029		FEC Identification Number			
Purpose of Disbursement	- 02014-7029		C			
Non-Contribution Account: Bank Fee			Transaction ID : B2D1B	FE3C0		
Candidate Name		Category/ Type	Amount of Each Disburseme	ent this Period		
Office Sought: House Disbursem	nent For: 2019 Primary General		30.00			
Senate			7 7			
	Other (specify)		Memo Item			
State: District:	Other					
Full Name (Last, First, Middle Initial)  C. Campus USA Credit Union			Date of Disbursement			
			M = M / D = D / Y =	Y Y Y		
Mailing Address PO Box 147029			12 31	2019		
City	State Zip Code		FEC Identification Number			
Gainesville	FL 32614-7029			-		
Purpose of Disbursement Non-Contribution Account: Statement Fee			C			
Candidate Name		Category/	Transaction ID : BCA7052739  Amount of Each Disbursement this Period			
		Type	Cr. Lauri Bibbardellie			
	nent For: 2019			3.00		
	Primary General  Other (specify) ▼		п.,			
State: District:	Other		Memo Item			
'				00.00		
SUBTOTAL of Disbursements This Page (optional)		·····•		36.00		
TOTAL This Period (last page this line number only).						

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Detailed Summary Page  Detailed Summary Detailed Detailed Subcitation Sumbar Percondence  Date of Disbursement  Date of Disbursem	SCHEDULE B (FEC Form 3X)	lle ·	avata ash-state()	FOR LINE NUMBER: PAGE 12 OF 27				
Detailed Surmary Page	ITEMIZED DISBURSEMENTS			I ` —	' — ' —			
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  FIRE YOUR CONGRESSMAN PAC  Full Name (Last, First, Middle Initial)  A. Campus USA Credit Union  Mailing Address PO Box 147029  City								
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 Pital) FIRE YOUR CONGRESSMAN PAC  Full Name (Last, First, Middle Initial)  Campus USA Credit Union  Mailing Address PO Box 147029  City Gainesville Furpose of Disbursement Non-Contribution Account Bank Fee Cardidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Nation Address  City State:  District  Full Name (Last, First, Middle Initial)  B.  District Furpose of Disbursement Candidate Name  Office Sought:	Any information copied from such Reports and Stat	ements mav	not be sold or use					
FIRE YOUR CONGRESSMAN PAC  Full Name (Last, First, Middle Initial)  A. Campus USA Credit Union  Mailing Address PO Box 147029  City State Zip Code Gainesville FL 32614-7029  Purpose of Disbursement Non-Contribution Account: Bank Fee Candidate Name  Office Sought: House President Pirmary General Primacy General President State: Disbursement For: 2019  B. Mailing Address  City State Zip Code President State Disbursement For: Category/ Type  Office Sought: House Disbursement For: Senate Primary General Memo Item  Substortal of Disbursement Tis Page (optional) Memo Item  Substortal of Disbursement Tis Page (optional) Memo Item	or for commercial purposes, other than using the n							
Full Name (Last, First, Middle Initial)  A. Campus USA Credit Union  Mailing Address PO Box 147029  City State								
A. Campus USA Credit Union  Mailing Address PO Box 147029  City	/ FIRE YOUR CONGRESSMAN P.	AC						
A. Campus USA Credit Union  Mailing Address PO Box 147029  City	Full Name (Last, First, Middle Initial)							
Mailing Address PO Box 147029  City  City  State  President  State  Disbursement  Candidate Name  City  State  Disbursement For:  Candidate Name  City  State  Disbursement For:  Senate  President  State:  District:  Full Name (Last, First, Middle Initial)  Category/ Type  Category/ Type  Testident  Category/ Amount of Each Disbursement this Period  Testident  Category/ Type  Testident  Category/ Amount of Each Disbursement this Period  Testident  Testident  Category/ Type  Testident  Category/ Amount of Each Disbursement this Period  Testident  Tes	_				Date of D	isbursement		
City Gainesville Purpose of Disbursement Non-Contribution Account: Bank Fee Candidate Name  Office Sought:	Mailing Address DO Doy 147020				1			
Gainesville Purpose of Disbursement Non-Contribution Account: Bank Fee Candidate Name  Office Sought: House Primary General President State: District: Volter  Category/ Type  Office Sought: House Primary General Purpose of Disbursement Candidate Name  Category/ Type  District: Other (specify) ▼  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  District: President Disbursement For: Senate Primary General District: District: Primary General Candidate Name  Category/ Type  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  District: Pull Name (Last, First, Middle Initial)  Category/ Type  FEC Identification Number  Category/ Type  Amount of Each Disbursement  Category/ Type  FEC Identification Number  Category/ Type  Memo Item  Subarotal Disbursement this Period  Memo Item  Subarotal Disbursement Tor: Senate Primary General Other (specify) ▼  Sonate President Disbursement This Peace (optional) Memo Item  Subarotal of Disbursement This Peace (optional) Memo Item	Mailing Address FO Box 14/029				12	31	2019	
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NAME OF COMMITTEE (In Full) Transaction ID: C5E467CCA8B0C4B45AB6 FIRE YOUR CONGRESSMAN PAC Election: 2017 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 9495.00 9495.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 17<sup>D</sup> 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.

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NAME OF COMMITTEE (In Full) Transaction ID: C274992D70ACD44BBB25 FIRE YOUR CONGRESSMAN PAC Election: 2017 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5.00 5.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 17<sup>D</sup> 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.

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NAME OF COMMITTEE (In Full) Transaction ID: C8B702E6F0BF745CBB2A FIRE YOUR CONGRESSMAN PAC Election: 2017 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3100.00 3100.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 15 12 2017 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 3100.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) Transaction ID: C2109AF4F06124FEE9F8 FIRE YOUR CONGRESSMAN PAC Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3000.00 3000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 18 01 2018 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) Transaction ID: C4C06AF0624EB48B390B FIRE YOUR CONGRESSMAN PAC Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3035.00 3035.00 0.00 TERMS Date Incurred Date Due Interest Rate Secured: 20 02 2018 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 3035.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) Transaction ID: C315D60D6096A4500A44 FIRE YOUR CONGRESSMAN PAC Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 15000.00 0.00 TERMS Date Incurred Date Due Interest Rate Secured: 08 03 2018 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) Transaction ID: C447A367ADAB04FEE93E FIRE YOUR CONGRESSMAN PAC Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 16000.00 16000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 28 04 2018 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 16000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) Transaction ID: C0E7C8D26A6EC4B04AF7 FIRE YOUR CONGRESSMAN PAC Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2000.00 2000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 10 05 2018 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) Transaction ID: C9DE61C23C3EE4F348B7 FIRE YOUR CONGRESSMAN PAC Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 13000.00 13000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 06 01 2018 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 13000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) Transaction ID: C3FDC85797DED486A8C9 FIRE YOUR CONGRESSMAN PAC Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 1000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 06 2018 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) Transaction ID: CAEED41461D2047AB8CA FIRE YOUR CONGRESSMAN PAC Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 12000.00 12000.00 0.00 TERMS Date Incurred Date Due Interest Rate Secured: 10 07 2018 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 12000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) Transaction ID: CF537AA184F224C19BBA FIRE YOUR CONGRESSMAN PAC Election: 2018 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 22000.00 22000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 09 01 2018 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 22000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) Transaction ID: CE45F56C4E1C64B2990F FIRE YOUR CONGRESSMAN PAC Election: 2019 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville FL 32607-2901 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2800.00 2800.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 05 01 2019 0.00 None X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 2800.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: CFAB9014A87794AEDA53 FIRE YOUR CONGRESSMAN PAC Election: 2019 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 1000.00 0.00 TERMS Date Incurred Date Due Interest Rate Secured: 04 08 2019 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: CF7B2EEA5110341CAB2C FIRE YOUR CONGRESSMAN PAC Election: 2019 **LOAN SOURCE** Full Name (Last, First, Middle Initial) Richter, Norbert, , , Memo Item Primary General Mailing Address 3736 SW 6th PI X Other (specify) ▼ City State ZIP Code Other Gainesville 32607-2901 FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 5000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 14 09 2019 0.00 None X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only)..... 108435.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.