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## FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3 For An Authorized Committee			Offic	Office Use Only	
1. NAME OF COMMITTEE (in fu	TYPE OR PRIN	·	cample: If typing, type er the lines.	12FE4M5	
MICHAEL BURI	RIS FOR CONGRI	ESS			1
ADDRESS (number and	street) PO Box 8411				
▼ Check if diffe	rent				
than previously reported. (ACC)		Y		MO 641	14
	ATION NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE A
120 1321(11110)	WIGHT HOMBERT	-			STATE ▼ DISTRICT
C C00516716		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	MO 05
		l			
	ORT (Choose One)	(b) 12-Day <b>PRE</b>	-Election Report for t	he:	
(a) Quarterly Rep	oorts:	П	Primary (12P)	General (12G)	Runoff (12R)
April 15 (	Quarterly Report (Q1)				,
July 15 C	Quarterly Report (Q2)		Convention (12C)	Special (12S)	
October 5	15 Quarterly Report (Q3)	Election on	M M / D I	D / Y Y Y Y	in the State of
X January 3	31 Year-End Report (YE)	(c) 30-Day <b>POS</b>	<b>ST</b> -Election Report for	the:	
			General (30G)	Runoff (30R)	Special (30S)
Terminatio	on Report (TER)	Election on	M M / D I	) / Y Y Y Y	in the State of
5. Covering Period	M M / D D /	2016 Y	through	12 / 31 / Y	2016
Lagrification of the second	amain and their Danasta at 11	a the heat of our !	andada seel tell ( )	t in two and and	
certify that I have exa	amined this Report and to Spilker, Mich Treasurer		nowleage and belief it	is true, correct and cor	прієте.
Signature of Treasurer	Spilker, Michele, R, ,		[Electronically Filed]	Date 01 /	31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomple	ete information may	subject the person sig	ning this Report to the pe	enalties of 52 U.S.C. §3010
Office			<u> </u>		
Use Only					FEC FORM 3 (Revised 05/2016)

#### **SUMMARY PAGE**

of Receipts and Disbursements

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#### Write or Type Committee Name MICHAEL BURRIS FOR CONGRESS

2016 10 2016 12 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 1700.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 1700.00 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 2829.94 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 2829.94 0.00 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 171.91 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 1000.00 Schedule C and/or Schedule D).....

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

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

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name MICHAEL BURRIS FOR CONGRESS 2016 12 31 2016 Report Covering the Period: From: 10 01 To: I. RECEIPTS **COLUMN A COLUMN B COLUMN C Total this Period Election Cycle Total as of** Total for 80 2016 09 2016 (date after general election) (date of general election) through 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than 31 2016 Political Committees (last day of reporting period) Itemized (use Schedule A) 0.00 1600.00 0.00 Unitemized 0.00 100.00 0.00 (iii) Total of contributions from individuals 0.00 1700.00 0.00 Political Party Committees 0.00 0.00 0.00 Other Political Committees 0.00 0.00 0.00

Report of Receipts and Disbursements

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COLUI Total this		COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate	1		,
	0.00	0.00	0.00
(e) TOTAL CONTRIBL			
	0.00	1700.00	0.00
2. TRANSFERS FROM O	THER AUTHORIZED C	OMMITTEES	
	0.00	0.00	0.00
3. LOANS: (a) Made or Guarantee	ed by the Candidate		
	0.00	1000.00	0.00
(b) All Other Loans			
7 1 7	0.00	0.00	0.00
(c) TOTAL LOANS (add	d Lines 13(a) and (b))		
	0.00	1000.00	0.00
4. OFFSETS TO OPERAT	TING EXPENDITURES	(Refunds, rebates, etc.)	
	0.00	0.00	0.00
5. OTHER RECEIPTS (Di	vidends, Interest, etc.)		
	0.00	0.02	0.00
6. TOTAL RECEIPTS (add	d 11(e), 12, 13(c), 14 a	nd 15)	
	0.00	2700.02	0.00
2 1 2	0.00	2700.02	

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Write or Type Committee Name		
MICHAEL BURRIS FOR CON	GRESS	
Report Covering the Period: From:	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 12 / 31 / 2016
II. DISBURSEMENTS		
COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C  Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
0.00	2829.94	0.00
18. TRANSFERS TO OTHER AUTHORIZE	ED COMMITTEES	
0.00	0.00	0.00
<ul><li>19. LOAN REPAYMENTS:</li><li>(a) Of Loans Made or Guaranteed by</li></ul>	the Candidate	
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add	d Lines 19(a) and 19(b))	
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Po	olitical Committees	
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

Report of Receipts and Disbursements

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	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C  Total for * (date after general election) through * (last day of reporting period)     (* See page 5 for dates)					
(c) Other Political Committees (such as PACs)								
	0.00	0.00	0.00					
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))							
	0.00	0.00	0.00					
21.	OTHER DISBURSEMENTS							
	0.00	0.00	0.00					
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)							
	0.00	2829.94	0.00					
	III. NET CONTRIBUTIONS (OTHER  (Note: Substitute in lieu of Line #6	THAN LOANS)  of Summary Page for this report only; subtr	act Line 20(d) from Line 11(e))					
	0.00	1700.00	0.00					
	IV. NET OPERATING EXPENDITUR	ES						
	(Note: Substitute in lieu of Line	#7 of Summary Page for this report only; su	btract Line 14 from Line 17)					
	0.00	2829.94	0.00					
	V. CASH SU	IMMARY						
23.	CASH ON HAND AT BEGINNING OF REPO	ORTING PERIOD	171.91					
24.	TOTAL RECIEPTS THIS PERIOD (from Line	e 16)	0.00					
25.	SUBTOTAL (add Line 23 and Line 24)		171.91					
26.	TOTAL DISBURSEMENTS THIS PERIOD (f	from Line 22)	0.00					
27.	CASH ON HAND AT CLOSE OF REPORTIN	NG PERIOD (subtract Line 26 from Line 25)	171.91					

### SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s)

**PAGE** OF FOR LINE NUMBER:

for each category of the **X** 13a (check only one) Detailed Summary Page 13b Transaction ID: SC/10.4289 NAME OF COMMITTEE (In Full) MICHAEL BURRIS FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary MICHAEL BURRIS FOR CONGRESS General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 8411 City State ZIP Code X Personal Funds of the Candidate MO 64114 KANSAS CITY Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 M 12M D30 D ž014 Y12/30/2015 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) ...... 1000.00

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