REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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1. NAME OF COMMITTEE (In full): Dan Burton For Congress Committee

ADDRESS (number and street) ☐ Check if different than previously reported.
P.O. Box 50593

CITY, STATE and ZIP CODE: Indpls, IN 46250

STATE/DISTRICT: IN-6

2. FEC IDENTIFICATION NUMBER: C00145862

3. IS THIS REPORT AN AMENDMENT? ☒ YES ☐ NO

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report (Non-election Year Only)
- ☒ Twelfth day report preceding General (Type of Election) election on Nov. 5 in the State of IN
- ☐ Thirtieth day report following the General Election on _____ in the State of _____
- ☐ Termination Report

This report contains activity for: ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10-1-96 through 10-16-96		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	39482.10	353 821.76
(b) Total Contribution Refunds (from Line 20(d))		500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	39482.10	353 321.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19 597.46	206 230.44
(b) Total Offsets to Operating Expenditures (from Line 14)		2 363.60
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	19 597.46	203 866.84
8. Cash on Hand at Close of Reporting Period (from Line 27)	976 362.32	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	NONE	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	NONE	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer: Curtis L. Coons

Signature of Treasurer: Curtis L. Coons

Date: 12-5-96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM (revised 4/87)

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