

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

C00274407 MIKE NORTON SIXTH DISTRICT DEMOCRATIC PART Y OF WISCONSIN 304 W SOUTH PARK OSHKOSH, WI 54701	RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM APR - 7 P 2 51 2. FEC IDENTIFICATION NUMBER C00274407 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
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## 4. TYPE OF REPORT

(a)  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)

Termination Report

Monthly Report Due On:

February 20     June 20     October 20  
 March 20      July 20     November 20  
 April 20       August 20  December 20  
 May 20        September 20  January 31

12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

30-Day Post-Election Report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period _____ through _____		
6. (a) Cash on Hand January 1, 2000		\$ 2250.56
(b) Cash on Hand at Beginning of Reporting Period	\$ 2250.56	
(c) Total Receipts (from Line 18)	\$ 210.83	\$ 210.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 2461.39	\$ 2461.39
7. Total Disbursements (from Line 30)	\$ 6.60	\$ 6.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2454.79	\$ 2454.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
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 <i>Michael J. Norton</i>		Date
Signature of Treasurer <i>Michael J. Norton</i>		<i>4-4-00</i>

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

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**FEC FORM 3X**  
(revised 9/93)