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FEC

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3			JRSEN	VIEN IS			Office Use Only
1. NAME OF COMMITTEE (in	TYPE OR full)	PRINT ▼		ample: If typiner the lines.	g, type	12FE4M5	
MICHAEL BUI	RRIS FOR CON	GRESS			1 1 1 1		
<u> </u>							
ADDRESS (number ar	nd street)	3411					
Check if did than previor reported. (A	usly KANSAS	CITY				MO	64114
2. <b>FEC IDENTIFIC</b>	CATION NUMBER <b>V</b>		CITY A			STATE A	ZIP CODE
C C005167	16	3.	IS THIS REPORT	× NEW (N)	OR	AMENE (A)	STATE ▼ DISTRICT  MO 05
(a) Quarterly R	5 Quarterly Report (Q1)	(b)	12-Day <b>PRE</b> -	Election Report Primary (12P)	_	General (1 Special (1	
	Quarterly Report (Q2) r 15 Quarterly Report (0	23)	Election on	M M /	D D /	Y " Y " Y " Y	in the State of
January	/ 31 Year-End Report (Y	E) (c)	30-Day <b>POS</b>	<b>r</b> -Election Rep	oort for the:	_	
			Ш	General (30G	)	Runoff (30	DR) Special (30S)
Termina	ation Report (TER)		Election on	M M /	D D /	Y Y Y	in the State of
5. Covering Period	M M / D 0		Y Y Y 2016	through	M M 03	/ 31 /	2016
•	examined this Report a		est of my kn	owledge and l	belief it is tr	rue, correct and	d complete.
Type or Print Name	of Treasurer Michele	R Spilker					
Signature of Treasure	Michele R Spilker			[Electronically 1	Filed] [	Date 04	15 2016
	false, erroneous, or inc	omplete info	rmation may s	subject the per	son signing	this Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

### MICHAEL BURRIS FOR CONGRESS

R	eport	Covering the Period: From:	01 / 01 / Y Y Y Y Y Y TO:	03 / 31 / 2016
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	500.00	500.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	500.00	500.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	1060.00
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	1060.00
8.		h on Hand at Close of orting Period (from Line 27)	741.85	
9.	the	cts and Obligations Owed <b>TO</b> Committee (Itemize all on edule C and/or Schedule D)	0.00	
10.	the	ts and Obligations Owed <b>BY</b> Committee (Itemize all on edule C and/or Schedule D)	1000.00	

#### 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**

FEC Form 3 (Revised 12/2003) of Receipts PAGE 3/6

Write or Type Committee Name

## MICHAEL BURRIS FOR CONGRESS

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
1. C	ONTRIBUTIONS (other than loans) FROM:				
(a	n) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	500.00	500.00		
	(ii) Unitemized	0.00	0.00		
	(iii) TOTAL of contributions from individuals	500.00	500.00		
(b	,	0.00	0.00		
(c	c) Other Political Committees (such as PACs)	0.00	0.00		
(c (∈	TOTAL CONTRIBUTIONS	0.00	0.00		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	500.00	500.00		
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00		
	OANS:				
(a	Made or Guaranteed by the Candidate	0.00	1000.00		
(b	·	0.00	0.00		
(c	e) TOTAL LOANS (add Lines 13(a) and (b))	0.00	1000.00		
	OFFSETS TO OPERATING				
	XPENDITURES Refunds, Rebates, etc.)	0.00	0.00		
	THER RECEIPTS Dividends, Interest, etc.)	0.00	0.02		
- 1	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	500.00	1500.02		

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	0.00	1060.00
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LOA	AN REPAYMENTS:		
	(a)	Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b)	Of All Other Loans	0.00	0.00
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
	(I-\		0.00	0.00
	(b)	Political Party Committees Other Political Committees		7 7 7 7 7
		(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTI	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	0.00	1060.00
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	241.85
24	TO	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	500.00
25.	SUI	BTOTAL (add Line 23 and Line 24)		741.85
26.	TO	TAL DISBURSEMENTS THIS PERIOD (fror	m Line 22)	0.00
7	CAS	SH ON HAND AT CLOSE OF REPORTING	G PERIOD	741.85

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:				PAGE	:	5	OF		ь	
(check only one)										
×	11a		11b		11c		11	d		_
	12		13a		13b		14	ļ		15

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.

or	for commercial purposes, other than using the	e name and address of any political committee	to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) MICHAEL BURRIS FOR CONG	RESS		
Δ.	Full Name (Last, First, Middle Initial) Kennyhertz Perry LLC		Date of Receipt	
	Mailing Address 420 Nichols Rd Ste 207	03 24 2016		
	City	State Zip Code	Transaction ID : SA11AI.4315	
	Kansas City	MO 64112	-	
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period	
	Name of Employer	Occupation	Memo Item	
	Receipt For: 2016	Election Cycle-to-Date		
	Primary General Other (specify)	250.00		
— В.	Full Name (Last, First, Middle Initial)  Mulvaney's Inc		Date of Receipt	
υ.	Mailing Address 7418 Wornall Rd		03 / 24 / 2016	
	City Kansas City	State Zip Code MO 64114	Transaction ID : SA11AI.4317	
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period	
	Name of Employer	Occupation	250.00 Memo Item	
	Receipt For: 2016	Election Cycle-to-Date		
	Primary General Other (specify)	250.00		
— С.	Full Name (Last, First, Middle Initial)		Date of Receipt	
U.	Mailing Address		M   M   / D   D   / Y   Y   Y   Y	
	City	State Zip Code		
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period	
	Name of Employer	Occupation	Memo Item	
	Receipt For:  Primary General	Election Cycle-to-Date		
	Other (specify)	, ,		
[	SUBTOTAL of Receipts This Page (optional)		500.00	
Г	OTAL This Period (last page this line number of		500.00	
		· · · <i>j ,</i> · · · · · · · · · · · · · · · · · ·	7	

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

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X 13a 13b

6

OF

		Detailed Summary Page	<sup>3</sup>	13b
NAME OF COMMITTEE (In Full) MICHAEL BURRIS FOR CONG	CDESS	Transact	tion ID : SC/10.4289	
LOAN SOURCE Full Name (Last, Firs MICHAEL BURRIS FOR CO		JNDS] Memo Item	Election: 2014  Primary General	
Mailing Address PO Box 8411			Other (specify)	
City	State ZIP Co	de		
KANSAS CITY	MO 64114			
Original Amount of Loan	Cumulative Payment To	Date Balar	nce Outstanding at Close of Th	
TERMS  Date Incurred	Date Due	Interest Rate	Secured	:
M 12 / 30 / Y 2014 Y	M M / D D / Y	2/30/2015 O.00	0 % (apr) Yes	X No
List All Endorsers or Guarantors (if a				
1. Full Name (Last, First, Middle Initia	ul)	Name of Employer		
Mailing Address		Occupation		
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	9	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		7
City Sta	ate ZIP Code	Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, Middle Initial)	)	Name of Employer		
Mailing Address		Occupation		
		Amount		<del>-</del>
City Sta	ate ZIP Code	Guaranteed Outstanding:	9 9	_
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City Sta	ate ZIP Code	Guaranteed Outstanding:	, , , , , ,	
SUBTOTALS This Period This Page (optic	onal)		1000	.00
TOTALS This Period (last page in this line	e only)	······ <b>L</b>	1000.	.00
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	no Schedule D, carry forw	ard to appropriate line of Su	mmary.