

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2008 JAN 18 P 3:21

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. C00274407 121499
N 283MIKE MORTON
SIXTH DISTRICT DEMOCRATIC PART
Y OF WISCONSIN
304 W SOUTH PARK
OSH WI 54901

2. FEC IDENTIFICATION NUMBER
C00274407

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 <u>July 1, 1999</u> through <u>Dec 31, 1999</u> | | |
| 6. (a) Cash on Hand January 1, 19 _____ | | \$ 1637.38 |
| (b) Cash on Hand at Beginning of Reporting Period _____ | \$ 1951.56 | |
| (c) Total Receipts (from Line 12) _____ | \$ 1323.22 | \$ 2441.12 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) _____ | \$ 3274.78 | \$ 4078.50 |
| 7. Total Disbursements (from Line 30) _____ | \$ 1024.22 | \$ 1827.94 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) _____ | \$ 2250.56 | \$ 2250.56 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) _____ | \$ | For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 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 | Michael J. Norton - Michael J. Norton | |
| Signature of Treasurer | Michael J. Norton | |
| | Date | 1-12-00 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6497g.

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FEC FORM 3X
(revised 9/98)