UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED (9)

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 AM 11:07
MC
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Danny L. Burton
(Full Name)

2308 Rayburn House Office Building Washington, DC 20515 — 202/225-2276
(Mailing Address) — Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: IN District: 05	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

		Yes	No
I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	☑	☐
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	☐	☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	☑	☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	☑	☐
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	☐	☑
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	☐	☑
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	☑	☐
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	☑	☐
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	☐	☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

		Yes	No
Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	☐	☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	☐	☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Danny L Burton	5/14/07

SCHEDULE I - EARNED INCOME

Name Danny L. Burton

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Geist Family Care/Riverview Hospital	Spouse Salary	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Danny L. Burton

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Apx 45 acres undeveloped land in Flat Creek KY	$15,001 - $50,000	None	NONE	
	BANCORP CDs Wilmington DE	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
SP	Bank One (IRA)(Certificate of Deposit) Indianapolis, IN	$1,001 - $15,000	None	NONE	
	Charter Bank (Savings Accounts)	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
	Chase Bank (Savings Accounts)	$100,001 - $250,000	INTEREST	$2,501 - $5,000	
	Condominium 11250 Via Vasari Drive Bonita Springs, FL	$500,001 - $1,000,000	RENT	$5,001 - $15,000	

	Congressional Federal Credit Union (Savings Accounts)	\$15,001 - \$50,000	INTEREST	\$2,501 - \$5,000	
	Delaware Charter Gty Trust (IRA) (Certificates of Deposit) Wilmington, DE (formerly contained in Alliance/Mesirow account)	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000	
	Heartland Bank Franklin, IN (Savings Accounts	\$250,001 - \$500,000	INTEREST	\$5,001 - \$15,000	
	Indiana Members Credit Union Indianapolis, IN Savings/Checking Accounts)	\$15,001 - \$50,000	None	NONE	
	Indicator Systems International Inc (Stock)	\$50,001 - \$100,000	None	NONE	
	Land Contract Note receivable from John Miller of sale of Johnson Co IN 7.5 acres	\$100,001 - \$250,000	Other: (Loan Payment)	\$15,001 - \$50,000	
	Mesirow Prime Cash Trust Money Market	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000	
	Monte Vista/Tegnor Inv Commercial Real Estate near Sonora CA	\$50,001 - \$100,000	None	NONE	
SP	National City Bank Indianapolis, IN (Checking and Savings Accounts	\$1,001 - \$15,000	None	NONE	
	Oldsmar 202/203 The Galleria, St. Petersburg Drive Oldsmar, FL	None	None	NONE	Other

	Penninsula Custodial CD Account	$250,001 - $500,000	INTEREST	$15,001 - $50,000	
	Plata del Norte Commercial Real Estate investment 4096 Avienda de la Plata Oceanside, CA	$100,001 - $250,000	None	NONE	
	Real Estate Johnson County IN (Apx 7.5 acres	None	Other: (See Contract Note loan payment above)	$15,001 - $50,000	S
	Real Estate Johnson Co. IN (Apx 23 acres farmland)	$250,001 - $500,000	RENT	$1,001 - $2,500	
	Real Estate (lot) Lot 29, Block 680 SE 1151 Pasadena Road Port Malabar 15 Palm Bay, FL	$15,001 - $50,000	None	NONE	
SP	Riverview Hospital Retirement Plan	$50,001 - $100,000	None	NONE	See Footnote

SCHEDULE IV - TRANSACTIONS

Name Danny L. Burton

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Oldsmar 202/203 The Galleria, St. Petersburg Dr Oldsmar FL	Other	12/31/05	See footnote
	Real Estate Johnson Co, IN (apx 7.5 acres)	S	May 05	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Danny L. Burton

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
ROC-USA Business Council	Aug. 28-Sep 3, 2006	Washington, DC-Taipei, Taiwan-Washington, DC	Y	Y	Y	None
National Coffee Assn of the USA, Inc	March 10 - 11, 2006	Washington, DC - Fort Lauderdale FL- Washington, DC	Y	Y	N	None
Telefonica	April 19-21, 2006	Indpls, IN-Ft. Lauderdale, FL	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name Danny L. Burton

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board (Uncompensated)	American Security Council Foundation
Governing Board (Uncompensated)	Care For Kids Foundation

FOOTNOTES

Name Danny L. Burton

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Tax write-off on bad investment of $60,000 on 2006 tax return.	Oldsmar 202/203
3	Schedule IV	Tax write-off on bad investment of $60,000 on 2006 tax return.	Oldsmar 202/203
4	Schedule III	Not Self Directed	Riverview Hospital Retirement Plan
5	Schedule III	All Spouse Assets are initial filings. Congressman and Dr. Burton were married in August of 2006.	Bank One (IRA) Indianapolis, IN
6	Schedule III	This asset was inadvertently ommitted from previous filings, all of which will be amended, as it was reported with the Alliance/Mesirow Account and was not broken out properly)	Delaware Charter Gty Trust (IRA) Wilmington DE