

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CNL Financial Group Inc Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		66983.11
(b) Cash on Hand at Beginning of Reporting Period.....	67116.28	
(c) Total Receipts (from Line 19)	1245.35	17778.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	68361.63	84761.63
7. Total Disbursements (from Line 31).....	4600.00	21000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	63761.63	63761.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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
of Receipts

Write or Type Committee Name

CNL Financial Group Inc Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	984.59	15480.66
(ii) Unitemized	260.76	2297.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1245.35	17778.52
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1245.35	17778.52
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1245.35	17778.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1245.35	17778.52

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	21400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	-400.00	-400.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-400.00	-400.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4600.00	21000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4600.00	21000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1245.35	17778.52
34. Total Contribution Refunds (from Line 28(d))	-400.00	-400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1645.35	18178.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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.

NAME OF COMMITTEE (In Full)
CNL Financial Group Inc Political Action Committee

Full Name (Last, First, Middle Initial)
A. Tracey Bracco

Mailing Address 101 S. Eola Drive
Apt 802

City Orlando State FL Zip Code 32801

FEC ID number of contributing federal political committee. **C**

Name of Employer CNL Financial Group Occupation SVP Legal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 15 / 2016
Transaction ID : SA11AI.6541

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Erin Gray

Mailing Address 2318 Mohawk Trail

City Maitland State FL Zip Code 32751

FEC ID number of contributing federal political committee. **C**

Name of Employer CNL Financial Group Occupation SVP Legal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
664.75

Date of Receipt
07 / 05 / 2016
Transaction ID : SA11AI.6528

Amount of Each Receipt this Period
46.15

Memo Item

Full Name (Last, First, Middle Initial)
C. Erin Gray

Mailing Address 2318 Mohawk Trail

City Maitland State FL Zip Code 32751

FEC ID number of contributing federal political committee. **C**

Name of Employer CNL Financial Group Occupation SVP Legal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
710.90

Date of Receipt
07 / 15 / 2016
Transaction ID : SA11AI.6535

Amount of Each Receipt this Period
46.15

Memo Item

SUBTOTAL of Receipts This Page (optional).....	592.30
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CNL Financial Group Inc Political Action Committee

A. Erin Gray
 Full Name (Last, First, Middle Initial)
 Mailing Address 2318 Mohawk Trail
 City Maitland State FL Zip Code 32751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: CNL Financial Group Occupation: SVP Legal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **757.05**

Date of Receipt: 07 / 29 / 2016
Transaction ID : SA11AI.6543
 Amount of Each Receipt this Period: 46.15
 Memo Item

B. Sherry Magee
 Full Name (Last, First, Middle Initial)
 Mailing Address 8110 Caraway Drive
 City Orlando State FL Zip Code 32819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: CNL Financial Group Occupation: VP of Communications
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.98**

Date of Receipt: 07 / 05 / 2016
Transaction ID : SA11AI.6533
 Amount of Each Receipt this Period: 38.46
 Memo Item

c. Sherry Magee
 Full Name (Last, First, Middle Initial)
 Mailing Address 8110 Caraway Drive
 City Orlando State FL Zip Code 32819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: CNL Financial Group Occupation: VP of Communications
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **538.44**

Date of Receipt: 07 / 15 / 2016
Transaction ID : SA11AI.6540
 Amount of Each Receipt this Period: 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	123.07
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CNL Financial Group Inc Political Action Committee

Full Name (Last, First, Middle Initial) A. Sherry Magee		Date of Receipt MM / DD / YYYY 07 / 29 / 2016 Transaction ID : SA11AI.6548
Mailing Address 8110 Caraway Drive		Amount of Each Receipt this Period 38.46
City Orlando	State FL	Zip Code 32819
FEC ID number of contributing federal political committee. C		
Name of Employer CNL Financial Group	Occupation VP of Communications	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

Full Name (Last, First, Middle Initial) B. Lisa A Schultz		Date of Receipt MM / DD / YYYY 07 / 05 / 2016 Transaction ID : SA11AI.6530
Mailing Address 45 Interlaken Road		Amount of Each Receipt this Period 38.46
City Orlando	State FL	Zip Code 32804
FEC ID number of contributing federal political committee. C		
Name of Employer CNL Financial Group, Inc.	Occupation Human Capital Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 584.68	

Full Name (Last, First, Middle Initial) C. Lisa A Schultz		Date of Receipt MM / DD / YYYY 07 / 15 / 2016 Transaction ID : SA11AI.6537
Mailing Address 45 Interlaken Road		Amount of Each Receipt this Period 38.46
City Orlando	State FL	Zip Code 32804
FEC ID number of contributing federal political committee. C		
Name of Employer CNL Financial Group, Inc.	Occupation Human Capital Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 623.14	

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CNL Financial Group Inc Political Action Committee

A. Lisa A Schultz
Full Name (Last, First, Middle Initial)

Mailing Address 45 Interlaken Road

City Orlando State FL Zip Code 32804

FEC ID number of contributing federal political committee. **C**

Name of Employer: CNL Financial Group, Inc. Occupation: Human Capital Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **661.60**

Date of Receipt: **07 / 29 / 2016**

Transaction ID : SA11AI.6545

Amount of Each Receipt this Period: **38.46**

Memo Item

B. Michael Tetrick
Full Name (Last, First, Middle Initial)

Mailing Address 1223 Lake Highland Drive

City Orlando State FL Zip Code 32803

FEC ID number of contributing federal political committee. **C**

Name of Employer: CNL Financial Group Occupation: Sr VP of Structured Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt: **07 / 05 / 2016**

Transaction ID : SA11AI.6529

Amount of Each Receipt this Period: **38.46**

Memo Item

C. Michael Tetrick
Full Name (Last, First, Middle Initial)

Mailing Address 1223 Lake Highland Drive

City Orlando State FL Zip Code 32803

FEC ID number of contributing federal political committee. **C**

Name of Employer: CNL Financial Group Occupation: Sr VP of Structured Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt: **07 / 15 / 2016**

Transaction ID : SA11AI.6536

Amount of Each Receipt this Period: **38.46**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **115.38**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)	PAGE 10 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CNL Financial Group Inc Political Action Committee

A. Michael Tetrick
Full Name (Last, First, Middle Initial)

Mailing Address 1223 Lake Highland Drive

City Orlando State FL Zip Code 32803

FEC ID number of contributing federal political committee. **C**

Name of Employer CNL Financial Group Occupation Sr VP of Structured Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : SA11AI.6544

Amount of Each Receipt this Period
38.46

Memo Item

B.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	38.46
TOTAL This Period (last page this line number only).....▶	984.59

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CNL Financial Group Inc Political Action Committee

A. MARCO RUBIO FOR SENATE 2016

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 661537

City MIAMI State FL Zip Code 33266

Purpose of Disbursement

Candidate Name
MARCO RUBIO

Office Sought: House Senate President
State: FL District: 00

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 28 / 2016

Transaction ID : **SB23.6558**

Amount of Each Disbursement this Period
5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CNL Financial Group Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. TODD WILCOX FOR US SENATE

Mailing Address PO BOX 616308

City ORLANDO State FL Zip Code 32861

Purpose of Disbursement

Candidate Name
TODD WILCOX FOR US SENATE

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: FL District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 25 / 2016

Transaction ID : SB28B.6557

Amount of Each Disbursement this Period

-400.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

-400.00

-400.00