

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CNL Financial Group Inc Political Action Committee

ADDRESS (number and street) 450 S Orange Avenue Suite 1400
 Check if different than previously reported. (ACC)
Orlando FL 32801

2. **FEC IDENTIFICATION NUMBER** C00454314
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 10 01 2009 through 10 31 2009

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 Tammy Tipton

Signature of Treasurer Electronically Filed by Tammy Tipton Date 11 18 2009

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
CNL Financial Group Inc Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		17346.88
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	33132.05									
(c) Total Receipts (from Line 19)	398.44	19183.61								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33530.49	36530.49								
7. Total Disbursements (from Line 31)	5000.00	8000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28530.49	28530.49								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
CNL Financial Group Inc Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	388.83	17827.21
(ii) Unitemized	9.61	1356.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	398.44	19183.61
(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)	398.44	19183.61
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 Transfer (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))	398.44	19183.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	398.44	19183.61

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	8000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	5000.00	8000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	8000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	398.44	19183.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	398.44	19183.61
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 / 11
	<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	

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

A.	Full Name (Last, First, Middle Initial) Nathan P Headrick		Date of Receipt
	Mailing Address 3795 Derran Lane		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Orlando	FL	32801
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4411
Name of Employer CNL Financial Group, Inc.		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="19.23"/>
		<input type="text" value="384.60"/>	

B.	Full Name (Last, First, Middle Initial) Nathan P Headrick		Date of Receipt
	Mailing Address 3795 Derran Lane		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Orlando	FL	32801
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4403
Name of Employer CNL Financial Group, Inc.		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="19.23"/>
		<input type="text" value="403.83"/>	

C.	Full Name (Last, First, Middle Initial) Andrew A Hyltin		Date of Receipt
	Mailing Address 1215 Spring Lake Drive		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Orlando	FL	32804
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4417
Name of Employer CNL Financial Group, Inc.		Occupation Real Estate Investments	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="38.46"/>
		<input type="text" value="769.19"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="76.92"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Andrew A Hyltin

Mailing Address 1215 Spring Lake Drive

City State Zip Code
Orlando FL 32804

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

Name of Employer: CNL Financial Group, Inc. Occupation: Real Estate Investments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.65

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.4409
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial)
Paul S. Saint-Pierre

Mailing Address 176 E. Lake Sue Avenue

City State Zip Code
Winter Park FL 32789

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

Name of Employer: CNL Financial Group, Inc. Occupation: Senior Executive - Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: SA11AI.4412
Amount of Each Receipt this Period: 15.00

C. Full Name (Last, First, Middle Initial)
Paul S. Saint-Pierre

Mailing Address 176 E. Lake Sue Avenue

City State Zip Code
Winter Park FL 32789

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

Name of Employer: CNL Financial Group, Inc. Occupation: Senior Executive - Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.4404
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ► 68.46

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: PAGE 8 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Lisa A Schultz</p> <p>Mailing Address 45 Interlaken Road</p> <p>City State Zip Code Orlando FL 32804</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CNL Financial Group, Inc. Occupation Human Capital Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4415</p> <p>Amount of Each Receipt this Period 40.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Lisa A Schultz</p> <p>Mailing Address 45 Interlaken Road</p> <p>City State Zip Code Orlando FL 32804</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CNL Financial Group, Inc. Occupation Human Capital Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 840.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4407</p> <p>Amount of Each Receipt this Period 40.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Joel R Schwalbe</p> <p>Mailing Address 358 Brantley Club Place</p> <p>City State Zip Code Longwood FL 32779</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CNL Financial Group, Inc. Occupation Chief Information Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 201.81</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4408</p> <p>Amount of Each Receipt this Period 9.61</p>
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SUBTOTAL of Receipts This Page (optional)	89.61
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: PAGE 9 / 11
(check only one)

<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

<p>A. Full Name (Last, First, Middle Initial) Mark Scimeca</p> <p>Mailing Address 198 Orange Avenue</p> <p>City State Zip Code St. Cloud FL 34769</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CNL Financial Group, Inc. Occupation Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 769.20</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 02 / 2009</p> <p>Transaction ID: SA11AI.4413</p> <p>Amount of Each Receipt this Period 38.46</p>
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<p>B. Full Name (Last, First, Middle Initial) Mark Scimeca</p> <p>Mailing Address 198 Orange Avenue</p> <p>City State Zip Code St. Cloud FL 34769</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CNL Financial Group, Inc. Occupation Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 807.66</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2009</p> <p>Transaction ID: SA11AI.4405</p> <p>Amount of Each Receipt this Period 38.46</p>
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<p>C. Full Name (Last, First, Middle Initial) Tammy Tipton</p> <p>Mailing Address 450 S. Orange Avenue Suite 1400</p> <p>City State Zip Code Orlando FL 32801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CNL Financial Group Inc. Occupation Chief Accounting Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 769.20</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 02 / 2009</p> <p>Transaction ID: SA11AI.4414</p> <p>Amount of Each Receipt this Period 38.46</p>
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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:		PAGE 10 / 11	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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.	Full Name (Last, First, Middle Initial) Tammy Tipton		Date of Receipt																					
	Mailing Address 450 S. Orange Avenue Suite 1400		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	6		2	0	0	9														
	City State Zip Code Orlando FL 32801		Transaction ID: SA11AI.4406																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46																					
Name of Employer CNL Financial Group Inc.		Occupation Chief Accounting Officer																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 807.66																						

SUBTOTAL of Receipts This Page (optional)	▶	38.46
TOTAL This Period (last page this line number only)	▶	388.83

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. Full Name (Last, First, Middle Initial) BILL NELSON FOR U S SENATE Mailing Address 500 RED SAIL WAY City SATELITE BEACH State FL Zip Code 32937 Purpose of Disbursement Candidate Name BILL NELSON FOR U S SENATE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4419 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 2000.00 Category/Type
B. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE Mailing Address 200 NORTH PHILLIPS AVENUE STE L101 City SIOUX FALLS State SD Zip Code 57104 Purpose of Disbursement Candidate Name FRIENDS OF JOHN THUNE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4423 Date of Disbursement 10 / 01 / 2009
	Amount of Each Disbursement this Period 2000.00 Category/Type
C. Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE Mailing Address POST OFFICE BOX 5928 City WINSTON-SALEM State NC Zip Code 27113 Purpose of Disbursement Candidate Name RICHARD BURR COMMITTEE; THE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4420 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type

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