



**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="2014"/>	<input type="text" value="39691.50"/>	<input type="text" value="39691.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="57597.57"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="982.32"/>	<input type="text" value="26388.39"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="58579.89"/>	<input type="text" value="66079.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5000.00"/>	<input type="text" value="12500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="53579.89"/>	<input type="text" value="53579.89"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

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 / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

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).....	894.22	23108.30
(ii) Unitemized .....	88.10	3280.09
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	982.32	26388.39
(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) .....	982.32	26388.39
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))..... ▶	982.32	26388.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	982.32	26388.39

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	12500.00
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 .....	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) 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)) ..	5000.00	12500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	12500.00

**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) .....	982.32	26388.39
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	982.32	26388.39
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"/> 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. Andrew A Hyltin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1215 Spring Lake Drive

City Orlando State FL Zip Code 32804

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2884.71**

Date of Receipt: 10 / 02 / 2014  
**Transaction ID : SA11AI.5953**

Amount of Each Receipt this Period: **192.31**

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

Mailing Address 1215 Spring Lake Drive

City Orlando State FL Zip Code 32804

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3077.02**

Date of Receipt: 10 / 14 / 2014  
**Transaction ID : SA11AI.5967**

Amount of Each Receipt this Period: **192.31**

**C. Gregory Ickes**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 Gatlin Avenue

City Orlando State FL Zip Code 32806

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

Name of Employer: CNL Financial Group Occupation: Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **202.02**

Date of Receipt: 10 / 14 / 2014  
**Transaction ID : SA11AI.5958**

Amount of Each Receipt this Period: **9.62**

**SUBTOTAL** of Receipts This Page (optional)..... **394.24**

**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 7 OF 12  
(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**

**A. Joseph Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1485 Stellar Drive  
City Oviedo State FL Zip Code 32765  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CNL Financial Group Occupation Chief Financial Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **365.37**

Date of Receipt **10 / 02 / 2014**  
**Transaction ID : SA11AI.5956**  
Amount of Each Receipt this Period **19.23**

**B. Joseph Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1485 Stellar Drive  
City Oviedo State FL Zip Code 32765  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CNL Financial Group Occupation Chief Financial Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **384.60**

Date of Receipt **10 / 14 / 2014**  
**Transaction ID : SA11AI.5970**  
Amount of Each Receipt this Period **19.23**

**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 ▼ **769.20**

Date of Receipt **10 / 02 / 2014**  
**Transaction ID : SA11AI.5955**  
Amount of Each Receipt this Period **38.46**

**SUBTOTAL** of Receipts This Page (optional)..... **76.92**  
**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"/> 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. 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 ▼ **807.66**

Date of Receipt **10 / 14 / 2014**  
**Transaction ID : SA11AI.5969**  
Amount of Each Receipt this Period **38.46**

**B. Stephen Mauldin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4119 Wardell Place  
City Orlando State FL Zip Code 32814  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CNL Financial Group Occupation Group President - Fund Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **346.14**

Date of Receipt **10 / 02 / 2014**  
**Transaction ID : SA11AI.5947**  
Amount of Each Receipt this Period **38.46**

**C. Stephen Mauldin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4119 Wardell Place  
City Orlando State FL Zip Code 32814  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CNL Financial Group Occupation Group President - Fund Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **384.60**

Date of Receipt **10 / 14 / 2014**  
**Transaction ID : SA11AI.5960**  
Amount of Each Receipt this Period **38.46**

**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 9 OF 12		
(check only one)					
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	12
				<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. Rosemary Mills**

Mailing Address 375 Emerson Plaza Way  
Unit #411

City Altamonte Springs State FL Zip Code 32701

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

Name of Employer CNL Financial Group, Inc. Occupation SVP of Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.20

Date of Receipt  
10 / 02 / 2014  
**Transaction ID : SA11AI.5951**

Amount of Each Receipt this Period  
38.46

Full Name (Last, First, Middle Initial)  
**B. Rosemary Mills**

Mailing Address 375 Emerson Plaza Way  
Unit #411

City Altamonte Springs State FL Zip Code 32701

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

Name of Employer CNL Financial Group, Inc. Occupation SVP of Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.66

Date of Receipt  
10 / 14 / 2014  
**Transaction ID : SA11AI.5964**

Amount of Each Receipt this Period  
38.46

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

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 ▼  
769.20

Date of Receipt  
10 / 02 / 2014  
**Transaction ID : SA11AI.5949**

Amount of Each Receipt this Period  
38.46

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

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

115.38

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

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

FOR LINE NUMBER: PAGE 10 OF 12  
(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**

Full Name (Last, First, Middle Initial)  
**A. Lisa A Schultz**  
 Mailing Address 45 Interlaken Road  
 City State Zip Code  
 Orlando FL 32804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CNL Financial Group, Inc. Human Capital Officer  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 807.66

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.5961**  
 Amount of Each Receipt this Period  
 38.46

Full Name (Last, First, Middle Initial)  
**B. Michael Tetrick**  
 Mailing Address 1223 Lake Highland Drive  
 City State Zip Code  
 Orlando FL 32803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CNL Financial Group Sr VP of Structured Finance  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 769.20

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2014  
**Transaction ID : SA11AI.5946**  
 Amount of Each Receipt this Period  
 38.46

Full Name (Last, First, Middle Initial)  
**C. Michael Tetrick**  
 Mailing Address 1223 Lake Highland Drive  
 City State Zip Code  
 Orlando FL 32803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CNL Financial Group Sr VP of Structured Finance  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 807.66

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.5959**  
 Amount of Each Receipt this Period  
 38.46

**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 11 OF 12  
(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**

Full Name (Last, First, Middle Initial)  
**A. Tammy Tipton**

Mailing Address 450 S. Orange Avenue Suite 1400

City Orlando	State FL	Zip Code 32801
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FEC ID number of contributing federal political committee. **C**

Name of Employer CNL Financial Group Inc.	Occupation Chief Accounting Officer
----------------------------------------------	----------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2014

**Transaction ID : SA11AI.5952**

Amount of Each Receipt this Period  
38.46

Full Name (Last, First, Middle Initial)  
**B. Tammy Tipton**

Mailing Address 450 S. Orange Avenue Suite 1400

City Orlando	State FL	Zip Code 32801
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FEC ID number of contributing federal political committee. **C**

Name of Employer CNL Financial Group Inc.	Occupation Chief Accounting Officer
----------------------------------------------	----------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.54

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2014

**Transaction ID : SA11AI.5966**

Amount of Each Receipt this Period  
38.46

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

Mailing Address

City	State	Zip Code
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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.92
<b>TOTAL</b> This Period (last page this line number only).....▶	894.22

**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**

Full Name (Last, First, Middle Initial)

**A. NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1875 I STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB23.5942**

Amount of Each Disbursement this Period

5000.00
---------

**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) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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**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) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

5000.00
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5000.00
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