

**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="58132.93"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1473.48"/>	<input type="text" value="24914.91"/>
(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="59606.41"/>	<input type="text" value="64606.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="7500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="57106.41"/>	<input type="text" value="57106.41"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

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).....	1288.44	21771.78
(ii) Unitemized	185.04	3143.13
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1473.48	24914.91
(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)	1473.48	24914.91
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))..... ▶	1473.48	24914.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1473.48	24914.91

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.....	2500.00	7500.00
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)) ..	2500.00	7500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	7500.00

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)	1473.48	24914.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1473.48	24914.91
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 14
	<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	<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. Andrew A Hyltin		Date of Receipt MM / DD / YYYY 08 / 02 / 2014 Transaction ID : SA11AI.5891
Mailing Address 1215 Spring Lake Drive		Amount of Each Receipt this Period 192.31
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.47	

Full Name (Last, First, Middle Initial) B. Andrew A Hyltin		Date of Receipt MM / DD / YYYY 08 / 18 / 2014 Transaction ID : SA11AI.5905
Mailing Address 1215 Spring Lake Drive		Amount of Each Receipt this Period 192.31
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.78	

Full Name (Last, First, Middle Initial) C. Andrew A Hyltin		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.5921
Mailing Address 1215 Spring Lake Drive		Amount of Each Receipt this Period 192.31
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.09	

SUBTOTAL of Receipts This Page (optional).....▶	576.93
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 14
<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. Joseph Johnson		Date of Receipt MM / DD / YYYY 08 / 02 / 2014 Transaction ID : SA11AI.5894
Mailing Address 1485 Stellar Drive		Amount of Each Receipt this Period 19.23
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	

Full Name (Last, First, Middle Initial) B. Joseph Johnson		Date of Receipt MM / DD / YYYY 08 / 18 / 2014 Transaction ID : SA11AI.5909
Mailing Address 1485 Stellar Drive		Amount of Each Receipt this Period 19.23
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	

Full Name (Last, First, Middle Initial) C. Joseph Johnson		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.5924
Mailing Address 1485 Stellar Drive		Amount of Each Receipt this Period 19.23
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

SUBTOTAL of Receipts This Page (optional).....▶	57.69
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 14
<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. Sherry Magee		Date of Receipt
Mailing Address 8110 Caraway Drive		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City Orlando State FL Zip Code 32819		Transaction ID : SA11AI.5893
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.46"/>
Name of Employer CNL Financial Group	Occupation VP of Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="615.36"/>	

Full Name (Last, First, Middle Initial) B. Sherry Magee		Date of Receipt
Mailing Address 8110 Caraway Drive		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City Orlando State FL Zip Code 32819		Transaction ID : SA11AI.5908
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.46"/>
Name of Employer CNL Financial Group	Occupation VP of Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="653.82"/>	

Full Name (Last, First, Middle Initial) C. Sherry Magee		Date of Receipt
Mailing Address 8110 Caraway Drive		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Orlando State FL Zip Code 32819		Transaction ID : SA11AI.5923
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.46"/>
Name of Employer CNL Financial Group	Occupation VP of Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="692.28"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="115.38"/>
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 9 OF 14
(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. Stephen Mauldin

Mailing Address 4119 Wardell Place

City State Zip Code
 Orlando FL 32814

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

Name of Employer Occupation
 CNL Financial Group Group President - Fund Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.76

Date of Receipt
 08 / 18 / 2014
Transaction ID : SA11AI.5900

Amount of Each Receipt this Period
 38.46

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

Mailing Address 4119 Wardell Place

City State Zip Code
 Orlando FL 32814

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

Name of Employer Occupation
 CNL Financial Group Group President - Fund Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 269.22

Date of Receipt
 08 / 19 / 2014
Transaction ID : SA11AI.5915

Amount of Each Receipt this Period
 38.46

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

Mailing Address 375 Emerson Plaza Way
 Unit #411

City State Zip Code
 Altamonte Springs FL 32701

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 615.36

Date of Receipt
 08 / 02 / 2014
Transaction ID : SA11AI.5889

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: (check only one)	PAGE 10 OF 14
<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. Rosemary Mills
Full Name (Last, First, Middle Initial)
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 ▼ 653.82

Date of Receipt
08 / 18 / 2014
Transaction ID : SA11AI.5903
Amount of Each Receipt this Period
38.46

B. Rosemary Mills
Full Name (Last, First, Middle Initial)
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 ▼ 692.28

Date of Receipt
08 / 29 / 2014
Transaction ID : SA11AI.5918
Amount of Each Receipt this Period
38.46

C. 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 ▼ 615.36

Date of Receipt
08 / 02 / 2014
Transaction ID : SA11AI.5887
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: (check only one)	PAGE 11 OF 14
<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. 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 ▼ **653.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2014

Transaction ID : SA11AI.5901

Amount of Each Receipt this Period

38.46

B. Lisa A Schultz
Full Name (Last, First, Middle Initial)
Mailing Address 45 Interlaken Road

City Orlando	State FL	Zip Code 32804
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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 ▼ **692.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2014

Transaction ID : SA11AI.5916

Amount of Each Receipt this Period

38.46

C. Michael Tetrick
Full Name (Last, First, Middle Initial)
Mailing Address 1223 Lake Highland Drive

City Orlando	State FL	Zip Code 32803
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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 ▼ **615.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2014

Transaction ID : SA11AI.5885

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: (check only one)	PAGE 12 OF 14
<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 ▼ **653.82**

Date of Receipt **08 / 18 / 2014**

Transaction ID : SA11AI.5899

Amount of Each Receipt this Period **38.46**

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 ▼ **692.28**

Date of Receipt **08 / 29 / 2014**

Transaction ID : SA11AI.5914

Amount of Each Receipt this Period **38.46**

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

Mailing Address 450 S. Orange Avenue Suite 1400

City Orlando State FL Zip Code 32801

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 ▼ **615.24**

Date of Receipt **08 / 02 / 2014**

Transaction ID : SA11AI.5890

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: (check only one)	PAGE 13 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

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

Mailing Address 450 S. Orange Avenue Suite 1400

City Orlando	State FL	Zip Code 32801
-----------------	-------------	-------------------

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 ▼ **653.70**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 18 / 2014

Transaction ID : SA11AI.5904

Amount of Each Receipt this Period
38.46

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

Mailing Address 450 S. Orange Avenue Suite 1400

City Orlando	State FL	Zip Code 32801
-----------------	-------------	-------------------

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 ▼ **692.16**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.5919

Amount of Each Receipt this Period
38.46

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

SUBTOTAL of Receipts This Page (optional).....▶	76.92
TOTAL This Period (last page this line number only).....▶	1288.44

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 REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

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 M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2014

Transaction ID : SB23.5882

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

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 M	/	D D D	/	Y Y 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)..... ▶

2500.00

2500.00
