

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Cruise Lines International Association PAC (CLIA PAC)

ADDRESS (number and street) 2111 Wilson Boulevard  
8th Floor  
Arlington VA 22201

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00432393

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 03 / 01 / 2014 through [MM] / [DD] / [YYYY] 03 / 31 / 2014

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 Michael McGarry

Signature of Treasurer Michael McGarry [Electronically Filed] Date 04 / 18 / 2014

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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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cruise Lines International Association PAC (CLIA PAC)

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"/>		40721.09
(b) Cash on Hand at Beginning of Reporting Period.....	48221.09	
(c) Total Receipts (from Line 19) .....	15250.00	26250.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	63471.09	66971.09
7. Total Disbursements (from Line 31).....	19500.00	23000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	43971.09	43971.09
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Cruise Lines International Association PAC (CLIA PAC)**

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).....	13500.00	19500.00
(ii) Unitemized .....	1750.00	1750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15250.00	21250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15250.00	26250.00
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))..... ▶	15250.00	26250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15250.00	26250.00

**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.....	19500.00	23000.00
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)) ..	19500.00	23000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19500.00	23000.00

**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) .....	15250.00	26250.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15250.00	26250.00
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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Cruise Lines International Association PAC (CLIA PAC)**

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

Mailing Address 1830 S Ocean Dr  
Apt 1701

City Hallandale Beach State FL Zip Code 33009-7693

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

Name of Employer: Celebrity Cruises Occupation: Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt: **03 / 13 / 2014**

**Transaction ID : A3087EC528EB74040870**

Amount of Each Receipt this Period: **2500.00**

Receipt via Check

Full Name (Last, First, Middle Initial)  
**B. Mr. Christine Duffy**

Mailing Address 2244 Deer Path RD

City Huntingdon Valley State PA Zip Code 19006-5906

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

Name of Employer: Cruise Lines International Association Occupation: President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt: **03 / 24 / 2014**

**Transaction ID : AE81AD2BFE05B4216854**

Amount of Each Receipt this Period: **1500.00**

Receipt via Check

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

Mailing Address 4321 Santa Maria St

City Miami State FL Zip Code 33146-1126

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

Name of Employer: Royal Caribbean International Occupation: President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **03 / 10 / 2014**

**Transaction ID : A7995FD2663EB44DA92D**

Amount of Each Receipt this Period: **5000.00**

Receipt via Check

**SUBTOTAL** of Receipts This Page (optional)..... **9000.00**

**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 13
	<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)  
**Cruise Lines International Association PAC (CLIA PAC)**

**A. Karl Holz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6139 S Hampshire Ct  
City Windermere State FL Zip Code 34786-5623  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Walt Disney Company Occupation President DCL  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1500.00**

Date of Receipt **03 / 13 / 2014**  
**Transaction ID : A2803F03907564D018F5**  
Amount of Each Receipt this Period **1500.00**  
Receipt via Check

**B. Eleni Kalisch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1925 Brickell Ave # 1511  
City Miami State FL Zip Code 33129-1737  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Royal Caribbean Cruises Occupation VP - Federal Government Relations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 25 / 2014**  
**Transaction ID : AEC328EB41B844E0ABDC**  
Amount of Each Receipt this Period **1000.00**  
Receipt via Check

**C. Kelly Kinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2723 Newark Way  
City Orlando State FL Zip Code 32803-6706  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Walt Disney Company Occupation Director - Disney Magical Express  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : A975C0AAA50FD46D3A15**  
Amount of Each Receipt this Period **250.00**  
Receipt via Check

**SUBTOTAL** of Receipts This Page (optional)..... **2750.00**  
**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 13
	<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)  
**Cruise Lines International Association PAC (CLIA PAC)**

**A. Rena Langley**  
Full Name (Last, First, Middle Initial)

Mailing Address 2009 Westover Reserve Blvd

City Windermere State FL Zip Code 34786-6211

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

Name of Employer Disney Cruise Line Occupation VP Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : A43575F358214445ABD3**

Amount of Each Receipt this Period  
 250.00

Receipt via Check

**B. Bradley Stein**  
Full Name (Last, First, Middle Initial)

Mailing Address 7220 SW 108th Ter

City Miami State FL Zip Code 33156-3852

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

Name of Employer Royal Caribbean International Occupation SVP General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2014  
**Transaction ID : A71ABE48AFC0E4161A35**

Amount of Each Receipt this Period  
 1000.00

Receipt via Check

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

Mailing Address 165 W Fawsett Rd

City Winter Park State FL Zip Code 32789-6015

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

Name of Employer Disney Cruise Line Occupation Assistant Chief Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2014  
**Transaction ID : AA80EA75FE4C04EC7A62**

Amount of Each Receipt this Period  
 250.00

Receipt via Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Cruise Lines International Association PAC (CLIA PAC)**

**A. Bert Swets**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8040 Solitaire Ct  
 City Orlando State FL Zip Code 32836-6044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Disney Cruise Line Occupation Vice President  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : AB76B330A645743ECABE**  
 Amount of Each Receipt this Period  
 250.00  
 Receipt via Check

**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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13500.00

**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 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)  
**Cruise Lines International Association PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)

**A. ALASKANS FOR BEGICH 2014**

Mailing Address PO BOX 410

City PALMER State AK Zip Code 99645

Purpose of Disbursement  
AK US House

Candidate Name  
**Sen. Mark Begich**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: AK District:

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2014

Transaction ID : BCB73D4D20C744C03A5B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Citizens to Elect Rick Larsen**

Mailing Address PO BOX 326

City EVERETT State WA Zip Code 98206

Purpose of Disbursement  
WA US House

Candidate Name  
**Rep. Rick Larsen**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: WA District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2014

Transaction ID : B0C9667E6D55E46A59B3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
DSCC Contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: District: Other2014

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2014

Transaction ID : BC202831CE3D74DA6AE8

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

**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 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)  
**Cruise Lines International Association PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)

**A. DUNCAN D. HUNTER FOR CONGRESS**

Mailing Address 9340 FUERTE DRIVE SUITE 302

City LA MESA State CA Zip Code 91941

Purpose of Disbursement  
CA US house

Candidate Name  
**Rep. Duncan D Hunter**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : **BB1902E309E164D61937**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MARY LANDRIEU INC**

Mailing Address 700 13TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
LA US Senate

Candidate Name  
**Sen. Mary L Landrieu**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : **B2207866DCC3D43D8943**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Lee Terry for Congress**

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154-0098

Purpose of Disbursement  
VOID - Political Contribution

Candidate Name  
**Rep. Lee Terry**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : **B80132E032664484DA45**

Amount of Each Disbursement this Period

-1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3500.00
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**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)  
**Cruise Lines International Association PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)

**A. National Republican Cong. Comm.**

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
NRCC Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) Other2014

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2014

Transaction ID : B2C521DFFA73E46C98F6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Rangel for Congress**

Mailing Address P.O. Box 5577

City MANHATTANVILLE St State NY Zip Code 10027

Purpose of Disbursement  
NY US House

Candidate Name

**Rep. Charles B. Rangel**

Office Sought:  House  Senate  President  
State: NY District: 15

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2014

Transaction ID : B223832DC02F34ABFBCC

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. RON JOHNSON FOR SENATE INC**

Mailing Address 219 E WASHINGTON AVE  
SUITE 101

City OSHKOSH State WI Zip Code 54901

Purpose of Disbursement  
WI US Senate

Candidate Name

**Ronald Harold Johnson**

Office Sought:  House  Senate  President  
State: WI District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2014

Transaction ID : B2E81118E65884DA0833

Amount of Each Disbursement this Period

1000.00

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

7500.00

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

**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)  
**Cruise Lines International Association PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)

**A. VERN BUCHANAN FOR CONGRESS**

Mailing Address P. O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement  
FL US House

Candidate Name  
**Rep. Vernon Buchanan**

Office Sought:  House  
 Senate  
 President  
State: FL District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

**Transaction ID : BEB48EF9034554C768EC**

Amount of Each Disbursement this Period

2500.00
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**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

M M M	/	D D D	/	Y Y Y Y Y Y
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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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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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
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19500.00
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