

# 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  
Cruise Lines International Association

ADDRESS (number and street) 2111 Wilson Boulevard 8th Floor  
 Check if different than previously reported. (ACC)  
Arlington VA 22201

2. **FEC IDENTIFICATION NUMBER** 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 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 01 01 2007 through 06 30 2007

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 J. Michael Crye

Signature of Treasurer Electronically Filed by J. Michael Crye Date 07 27 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Cruise Lines International Association

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	7									
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">71270.00</td></tr></table>	71270.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">71270.00</td></tr></table>	71270.00								
71270.00												
71270.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">71270.00</td></tr></table>	71270.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">71270.00</td></tr></table>	71270.00								
71270.00												
71270.00												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">43565.00</td></tr></table>	43565.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">43565.00</td></tr></table>	43565.00								
43565.00												
43565.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">27705.00</td></tr></table>	27705.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">27705.00</td></tr></table>	27705.00								
27705.00												
27705.00												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
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  
Cruise Lines International Association

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	58322.00	58322.00
(i) Itemized (use Schedule A) .....	7948.00	7948.00
(ii) Unitemized .....	66270.00	66270.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	66270.00	66270.00
12. Transfers From Affiliated/Other Party Committees .....	5000.00	5000.00
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)) .....	71270.00	71270.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	71270.00	71270.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	65.00	65.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	65.00	65.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43500.00	43500.00
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))..	43565.00	43565.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	43565.00	43565.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	66270.00	66270.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66270.00	66270.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	65.00	65.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	65.00	65.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 36
	<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)  
Cruise Lines International Association

**A.** Full Name (Last, First, Middle Initial)  
Richard D. Ames

Mailing Address 1082 Deerwood Lane

City State Zip Code  
Weston FL 33326-2848

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

Name of Employer Occupation  
Carnival Corporation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 7

Transaction ID: 70711.C3122

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jack Anderson

Mailing Address 1122 SE 36th St

City State Zip Code  
Cape Coral FL 33904

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

Name of Employer Occupation  
Carnival Corporation Vice President, Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 7

Transaction ID: 70608.C3074

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 999 Collins Ave

City State Zip Code  
Bal Harbour FL 33134

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

Name of Employer Occupation  
Carnival Corporation Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 7

Transaction ID: 70711.C3103

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 36
	<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)  
Cruise Lines International Association

Full Name (Last, First, Middle Initial) <b>A. Christine Arnholt</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address 649 Curtiswood Dr.		Transaction ID: 70711.C3121	
City State Zip Code Key Biscayne FL 33149		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Carnival Cruise Lines Vice President		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Robert W. Beh</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address 11790 S.W. 24th Street		Transaction ID: 70711.C3129	
City State Zip Code Davie FL 33325		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Carnival Cruise Lines VP Security/Surveillance		Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Robert Bender</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address 1610 NE 105th St		Transaction ID: 70608.C3069	
City State Zip Code Miami FL 33138		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Carnival Corporation Marketing Manager		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 36
	<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

**A.** Full Name (Last, First, Middle Initial)  
David Bernstein

Mailing Address 12000 S.W. 90th Avenue

City State Zip Code  
Miami FL 33176

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

Name of Employer Occupation  
Carnival Corporation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2450.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 70711.C3106

Amount of Each Receipt this Period  
2450.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
John F. Billera

Mailing Address 3512 Turenne Way

City State Zip Code  
Wellington FL 33467-8061

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

Name of Employer Occupation  
Carnival Cruise Lines Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2007

Transaction ID: 70608.C3055

Amount of Each Receipt this Period  
300.00

Receipt

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

Mailing Address 363 South Hibiscus Drive

City State Zip Code  
Miami FL 33139

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

Name of Employer Occupation  
Carnival Cruise Lines VP Cruise Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2007

Transaction ID: 70711.C3124

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 36
	<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)  
Cruise Lines International Association

**A.** Full Name (Last, First, Middle Initial)  
James R. Border

Mailing Address 17828 N.W. 15th Street

City State Zip Code  
Pembroke Pines FL 33029

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

Name of Employer Occupation  
Carnival Cruise Lines Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 04 / 2007

Transaction ID: 70711.C3123

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Brian Brennan

Mailing Address 1600 Victoria Pointe Circle

City State Zip Code  
Weston FL 33327

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

Name of Employer Occupation  
Carnival Corporation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 04 / 2007

Transaction ID: 70711.C3132

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 14641 Mustang Trail

City State Zip Code  
Fort Lauderdale FL 33330

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

Name of Employer Occupation  
Carnival Corporation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007

Transaction ID: 70711.C3095

Amount of Each Receipt this Period  
2000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 36
	<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

**A.** Full Name (Last, First, Middle Initial)  
Jose L. Campo

Mailing Address 11565 S.W. 96th Terrace

City State Zip Code  
Miami FL 33176

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

Name of Employer Occupation  
Carnival Cruise Lines VP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
06 / 25 / 2007

Transaction ID: 70711.C3191

Amount of Each Receipt this Period  
350.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Amilcar Cascais

Mailing Address 2665 NE 26th AVENUE

City State Zip Code  
Fort Lauderdale FL 33306

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

Name of Employer Occupation  
Carnival Cruise Lines Vice President Tour Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 25 / 2007

Transaction ID: 70711.C3192

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 450 W. Matheson Drive

City State Zip Code  
Key Biscayne FL 33149-2718

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

Name of Employer Occupation  
Carnival Corporation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
03 / 27 / 2007

Transaction ID: 70711.C3097

Amount of Each Receipt this Period  
2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 3100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 36
	<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

**A.** Full Name (Last, First, Middle Initial)  
Brendan Corrigan

Mailing Address 10718 Garden Ridge Ct

City State Zip Code  
Davie FL 33328-7300

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

Name of Employer Occupation  
Carnival Cruise Lines VP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2007

Transaction ID: 70608.C3054

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Peter Cox

Mailing Address 229 Candia Ave.

City State Zip Code  
Coral Gables FL 33134

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

Name of Employer Occupation  
Cunard Line Limited Dir Destination Planning & Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2007

Transaction ID: 70711.C3118

Amount of Each Receipt this Period  
300.00

Receipt

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

Mailing Address 11570 S.W. 96th Terrace

City State Zip Code  
Miami FL 33176

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

Name of Employer Occupation  
Carnival Cruise Lines Vice President CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2007

Transaction ID: 70608.C3072

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 36
	<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

**A.** Full Name (Last, First, Middle Initial)  
Terry Dale

Mailing Address 1830 South Ocean Drive, Apt 3503

City State Zip Code  
Hallandale FL 33009

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

Name of Employer Occupation  
Cruise Lines International Ass President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 0 7

Transaction ID: 70711.C3199

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Bob Dickinson

Mailing Address 29 Tahiti Beach Island

City State Zip Code  
Coral Gables FL 33143

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

Name of Employer Occupation  
Carnival Corporation President & CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 7

Transaction ID: 70711.C3089

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 3115 Maple Lane

City State Zip Code  
Fort Lauderdale FL 33328

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

Name of Employer Occupation  
Carnival Corporation Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 7

Transaction ID: 70711.C3116

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 36
	<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)  
Cruise Lines International Association

**A.** Full Name (Last, First, Middle Initial)  
Thomas M. Dow

Mailing Address 1818 Ontario Pl., NW

City State Zip Code  
Washington DC 20009

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

Name of Employer Occupation  
Princess Cruises Vice President Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 70711.C3104

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Douglas F. Eney

Mailing Address 317 Palm Street

City State Zip Code  
Hollywood FL 33019

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

Name of Employer Occupation  
Carnival Cruise Lines VP, Systems & Tech.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2007

Transaction ID: 70608.C3058

Amount of Each Receipt this Period  
600.00

Receipt

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

Mailing Address 445 Grand Bay Drive

City State Zip Code  
Key Biscayne FL 33149

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

Name of Employer Occupation  
Carnival Corporation Vice Chairman & COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 70711.C3102

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 36
	<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

**A.** Full Name (Last, First, Middle Initial)  
Victoria L. Freed

Mailing Address 2677 Riviera Court

City State Zip Code  
Weston FL 33332

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

Name of Employer Occupation  
Carnival Cruise Lines Sr. VP Sales & Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
03 / 27 / 2007

Transaction ID: 70711.C3110

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Timothy Gallagher

Mailing Address 1429 Urbino Avenue

City State Zip Code  
Miami FL 33146-1927

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

Name of Employer Occupation  
Carnival Cruise Lines VP Public Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 25 / 2007

Transaction ID: 70711.C3190

Amount of Each Receipt this Period  
300.00

Receipt

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

Mailing Address 1020 BelAire Dr. West

City State Zip Code  
Pembroke Pines FL 33027

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

Name of Employer Occupation  
Cunard Line Limited Director Corp. Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt  
04 / 04 / 2007

Transaction ID: 70711.C3137

Amount of Each Receipt this Period  
222.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1522.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 36
	<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

**A.** Full Name (Last, First, Middle Initial)  
John Harshaw

Mailing Address 10623 SW 26 Court

City State Zip Code  
Davie FL 33328

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

Name of Employer Occupation  
Carnival Cruise Lines Director IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2007

Transaction ID: 70608.C3048

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Roberta Jacoby

Mailing Address 4958 SW 88th Street

City State Zip Code  
Miami FL 33156

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

Name of Employer Occupation  
Carnival Cruise Lines Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2007

Transaction ID: 70711.C3113

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 4355 Dogwood Circle

City State Zip Code  
Weston FL 33331

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

Name of Employer Occupation  
Carnival Corporation Director Casino

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2007

Transaction ID: 70608.C3086

Amount of Each Receipt this Period  
350.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 36
	<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)  
Cruise Lines International Association

Full Name (Last, First, Middle Initial) <b>A. Michael Kaczmarek</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 1431 LaCosta Drive		<b>Transaction ID: 70608.C3044</b>	
City State Zip Code Hollywood FL 33027	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Carnival Corporation	Occupation Director, Shipbuilding		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Robert Kirk</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address 117 Santander Avenue		<b>Transaction ID: 70608.C3067</b>	
City State Zip Code Coral Gables FL 33134	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Carnival Corporation	Occupation VP, Maritime Legal/Med Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Rena Langley</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 1321 Cornerstone Court		<b>Transaction ID: 70608.C3041</b>	
City State Zip Code Orlando FL 32835	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Disney Cruise Line	Occupation Director, Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 36
	<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

**A.** Full Name (Last, First, Middle Initial)  
Cyrus Marfatia

Mailing Address 17471 S.W. 33rd Street

City State Zip Code  
Hollywood FL 33029

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

Name of Employer Occupation  
Carnival Cruise Lines VP Food & Beverage

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2007

Transaction ID: 70608.C3075

Amount of Each Receipt this Period  
750.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Tom McAldin

Mailing Address 14527 Ilse View Dr.

City State Zip Code  
Windermere FL 34787

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

Name of Employer Occupation  
Disney Cruise Line President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2007

Transaction ID: 70711.C3145

Amount of Each Receipt this Period  
300.00

Receipt

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

Mailing Address 10 SW S. Rivver Dr.

City State Zip Code  
Miami FL 33130

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

Name of Employer Occupation  
Carnival Cruise Lines Director, Tech Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2007

Transaction ID: 70711.C3146

Amount of Each Receipt this Period  
300.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 36
	<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)  
Cruise Lines International Association

**A.** Full Name (Last, First, Middle Initial)  
John Meszaros

Mailing Address 2301 Collins Avenue, #1510

City State Zip Code  
Miami FL 33139

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

Name of Employer Occupation  
Carnival Corporation VP, Supply Chain Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

Transaction ID: 70608.C3047

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
David Mizer

Mailing Address 1621 W. Oak Knoll Circle

City State Zip Code  
Fort Lauderdale FL 33324

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

Name of Employer Occupation  
Carnival Corporation VP Strategic Sourcing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70711.C3194

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 10412 Bardin Court

City State Zip Code  
Orlando FL 32836

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

Name of Employer Occupation  
Disney Cruise Line 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  
0 5 / 1 1 / 2 0 0 7

Transaction ID: 70711.C3144

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 36
	<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

**A.** Full Name (Last, First, Middle Initial)  
Natko Nincevic

Mailing Address 3295 S.W. 117th Avenue

City State Zip Code  
Davie FL 33330

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

Name of Employer Occupation  
Carnival Cruise Lines Vice President/General Mgr.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007

Transaction ID: 70711.C3109

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
James OHare

Mailing Address 3973 SW 140th Ave

City State Zip Code  
Davie FL 33330

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

Name of Employer Occupation  
Carnival Corporation Director Casino

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 11 / 2007

Transaction ID: 70711.C3143

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 9081 NW 14th Street

City State Zip Code  
Plantation FL 33322

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

Name of Employer Occupation  
Carnival Corporation Director Financial Analysis

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 06 / 2007

Transaction ID: 70608.C3082

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 36
	<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)  
Cruise Lines International Association

Full Name (Last, First, Middle Initial) <b>A. Arnaldo Perez</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2007
Mailing Address 10220 SW 58 Court		Transaction ID: 70711.C3100
City State Zip Code Miami FL 33156	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer Carnival Cruise Lines	Occupation VP General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Joan Pietro</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2007
Mailing Address 96 Bal Cross Drive		Transaction ID: 70711.C3155
City State Zip Code Bal Harbour FL 33154	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Carnival Cruise Lines	Occupation Staff VP Mktg & Planning	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Maria Victoria Rey</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2007
Mailing Address 6771 Parkinsonia Drive		Transaction ID: 70711.C3131
City State Zip Code Miami Lakes FL 33014	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Carnival Cruise Lines	Occupation Vice President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 36
	<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)  
Cruise Lines International Association

Full Name (Last, First, Middle Initial) <b>A. Joan Sanchez</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7	
Mailing Address 2777 Oakbrook Lane		<b>Transaction ID: 70608.C3060</b>	
City State Zip Code Weston FL 33332	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Carnival Cruise Lines	Occupation VP Group Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Rafael Sanchez</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7	
Mailing Address 1024 Castile Ave		<b>Transaction ID: 70608.C3073</b>	
City State Zip Code Coral Gables FL 33134-4740	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Carnival Corporation	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mary C. Sloan</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address 4172 Douglas Road		<b>Transaction ID: 70711.C3125</b>	
City State Zip Code Coconut Grove FL 33133	Amount of Each Receipt this Period 650.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Carnival Corporation	Occupation Director, Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 36
	<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)  
Cruise Lines International Association

Full Name (Last, First, Middle Initial) <b>A. Adam Snitzer</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 560 W. 51st Terrace		<b>Transaction ID:</b> 70608.C3046
City State Zip Code Miami Beach FL 33140	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 750.00
Name of Employer Carnival Corporation	Occupation Vice President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Terry L. Thornton</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address 6901 SW 136th Street		<b>Transaction ID:</b> 70711.C3091
City State Zip Code Miami FL 33156	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Carnival Cruise Lines	Occupation VP Marketing & Planning	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Paul T. Weber</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 3633 Heron Ridge Lane		<b>Transaction ID:</b> 70711.C3140
City State Zip Code Weston FL 33331	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 600.00
Name of Employer Carnival Corporation	Occupation Vice President, Tech Ops	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 36
	<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)  
Cruise Lines International Association

Full Name (Last, First, Middle Initial) <b>A. Cherie Weinstein</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 15701 SW 83 Ave		Transaction ID: 70711.C3142	
City State Zip Code Miami FL 33157	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Carnival Cruise Lines	Occupation VP Group Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Richard Weinstein</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 11620 SW 112th Ave Rd.		Transaction ID: 70711.C3158	
City State Zip Code Miami FL 33176	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Carnival Cruise Lines	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Brenda Yester</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 14390 Stirling Road		Transaction ID: 70711.C3151	
City State Zip Code Fort Lauderdale FL 33330	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Carnival Cruise Lines	Occupation VP Revenue Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	58322.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 36
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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

**A.** Full Name (Last, First, Middle Initial)  
International Council of Cruise Lines

Mailing Address 2111 Wilson Blvd.  
8th Floor

City State Zip Code  
Arlington VA 22201-

FEC ID number of contributing federal political committee. **C** C00303073

Name of Employer Occupation  
ICCL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	0	7

Transaction ID: 70711.C3197

Amount of Each Receipt this Period  
5000.00

Transfers From Affil./Auth.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5000.00



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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

Full Name (Last, First, Middle Initial) <b>A. Pioneer PAC</b>		Transaction ID: 70608.E1499 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 412 First Street, SE, Suite 100		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-	Purpose of Disbursement PAC TO PAC Candidate Name XAVIER BECERRA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
		PAC TO PAC

Full Name (Last, First, Middle Initial) <b>B. DWS PAC (Democrats Win Seats)</b>		Transaction ID: 70608.E1504 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 1071 TWIN BRANCH LN		Amount of Each Disbursement this Period 1000.00
City Weston State FL Zip Code 33326-	Purpose of Disbursement PAC TO PAC Candidate Name XAVIER BECERRA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
		PAC TO PAC

Full Name (Last, First, Middle Initial) <b>C. Freedom &amp; Democracy Fund</b>		Transaction ID: 70608.E1513 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 610 South Boulevard		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33606-	Purpose of Disbursement PAC TO PAC Candidate Name XAVIER BECERRA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
		PAC TO PAC

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

PAGE 26 / 36

<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

Full Name (Last, First, Middle Initial) <b>A. Virginia Leadership PAC</b>		<b>Transaction ID:</b> 70608.E1519 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 800 South St. Asaph St. #301		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314-	PAC TO PAC	
Purpose of Disbursement PAC TO PAC		Category/ Type
Candidate Name XAVIER BECERRA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>B. Majority in Congress PAC</b>		<b>Transaction ID:</b> 70608.E1520 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 601 N Ferncreek Ave Suite 200		Amount of Each Disbursement this Period 1000.00
City Orlando State FL Zip Code 32803-	PAC TO PAC	
Purpose of Disbursement PAC TO PAC		Category/ Type
Candidate Name XAVIER BECERRA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>C. Solidarity Pac</b>		<b>Transaction ID:</b> 70711.E1577 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005-	PAC- TO PAC	
Purpose of Disbursement PAC- TO PAC		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

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<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

Full Name (Last, First, Middle Initial) <b>A. Friends of Max Baucus</b>		Transaction ID: 70608.E1514 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address PO Box 586		Amount of Each Disbursement this Period 2000.00
City Helena State MT Zip Code 59624-	Purpose of Disbursement MT/US SENATE Candidate Name MAX BAUCUS Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MT/US SENATE

Full Name (Last, First, Middle Initial) <b>B. Friends of Corrine Brown</b>		Transaction ID: 70711.E1535 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 3109 River Bend Court, D102		Amount of Each Disbursement this Period 2000.00
City Laurel State MD Zip Code 20724-	Purpose of Disbursement FL-03 US HOUSE Candidate Name CORRINE BROWN Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FL-03 US HOUSE

Full Name (Last, First, Middle Initial) <b>C. Castor for Congress</b>		Transaction ID: 70608.E1500 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 5419		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33675-	Purpose of Disbursement FL/US HOUSE-11 P08 Candidate Name KATHERINE ANNE CASTOR Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FL/US HOUSE-11 P08

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Coble for Congress</b>		Transaction ID: 70711.E1540 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 1177		Amount of Each Disbursement this Period 1000.00
City Greensboro State NC Zip Code 27402-	Category/ Type NC-06 US HOUSE	
Purpose of Disbursement NC-06 US HOUSE		
Candidate Name JOHN HOWARD COBLE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Defazio for Congress</b>		Transaction ID: 70711.E1573 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address PO Box 1316		Amount of Each Disbursement this Period 1000.00
City Springfield State OR Zip Code 97477-	Category/ Type OR-04 US HOUSE	
Purpose of Disbursement OR-04 US HOUSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tom Davis for Congress</b>		Transaction ID: 70711.E1546 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address PO Box 483		Amount of Each Disbursement this Period 1000.00
City Dunn Loring State VA Zip Code 22207-	Category/ Type VA-11 US HOUSE	
Purpose of Disbursement VA-11 US HOUSE		
Candidate Name THOMAS M III DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

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<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

Full Name (Last, First, Middle Initial) <b>A. Lincoln Diaz-Balart for Congress Cmte</b>		<b>Transaction ID:</b> 70711.E1574 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 95 Merrick Way Suite 250		Amount of Each Disbursement this Period 1000.00
City Coral Gables State FL Zip Code 33134-	Category/ Type FL-21 US HOUSE	
Purpose of Disbursement FL-21 US HOUSE		
Candidate Name LINCOLN DIAZ-BALART		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mario Diaz-Balart for Congress</b>		<b>Transaction ID:</b> 70711.E1575 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address Congressman Mario Diaz-Balart 801 Ponce de Leon Blvd.		Amount of Each Disbursement this Period 1000.00
City Coral Gables State FL Zip Code 33134-	Category/ Type FL-29 US HOUSE	
Purpose of Disbursement FL-29 US HOUSE		
Candidate Name MARIO DIAZ-BALART		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Norm Dicks for Congress</b>		<b>Transaction ID:</b> 70608.E1529 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address PO Box 1663		Amount of Each Disbursement this Period 1000.00
City Tacoma State WA Zip Code 98401-	Category/ Type WA/US HOUSE-06 P08	
Purpose of Disbursement WA/US HOUSE-06 P08		
Candidate Name NORM D DICKS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

PAGE 30 / 36

<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

Full Name (Last, First, Middle Initial) <b>A. Friends of Byron Dorgan</b>		<b>Transaction ID:</b> 70711.E1581 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 871		Amount of Each Disbursement this Period 2000.00
City Bismarck State ND Zip Code 58502-	Category/ Type ND-US SENATE	
Purpose of Disbursement ND-US SENATE		
Candidate Name BYRON L DORGAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Duncan for Congress</b>		<b>Transaction ID:</b> 70608.E1526 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address PO Box 2646		Amount of Each Disbursement this Period 1000.00
City Knoxville State TN Zip Code 37901-	Category/ Type TN/US HOUSE-2 P08	
Purpose of Disbursement TN/US HOUSE-2 P08		
Candidate Name JOHN REP. JR. DUNCAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tom Feeny for Congress</b>		<b>Transaction ID:</b> 70711.E1576 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 1420 Alafaya Trail #103		Amount of Each Disbursement this Period 500.00
City Oviedo State FL Zip Code 32765-	Category/ Type FL-24 US HOUSE	
Purpose of Disbursement FL-24 US HOUSE		
Candidate Name TOM FEENEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> 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)

PAGE 31 / 36

<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

Full Name (Last, First, Middle Initial) <b>A. Dan10</b>		Transaction ID: 70711.E1536 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 1088 BISHOP STREET SUITE 1009		Amount of Each Disbursement this Period 2000.00
City Honolulu State HI Zip Code 96813-	Purpose of Disbursement Primary 2 Candidate Name DANIEL K INOUE Category/Type 010	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRIMARY 2

Full Name (Last, First, Middle Initial) <b>B. LoBiondo for Congress</b>		Transaction ID: 70608.E1518 Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2007
Mailing Address PO Box 775		Amount of Each Disbursement this Period 1000.00
City Marmora State NJ Zip Code 08223-	Purpose of Disbursement NJ/US HOUSE-2 Candidate Name FRANK A. A LOBIONDO Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	NJ/US HOUSE-2

Full Name (Last, First, Middle Initial) <b>C. Trent Lott for Mississippi</b>		Transaction ID: 70608.E1512 Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2007
Mailing Address PO BOX 22824		Amount of Each Disbursement this Period 1000.00
City Jackson State MS Zip Code 39225-	Purpose of Disbursement MS/US SENATE Candidate Name TRENT LOTT Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MS/US SENATE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Kendrick Meek for Congress</b>		Transaction ID: 70608.E1511 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 111 NW 183rd Street Suite 325		Amount of Each Disbursement this Period 1000.00
City Miami State FL Zip Code 33169-	Category/ Type  FL/US HOUSE-17 P08	
Purpose of Disbursement FL/US HOUSE-17 P08		
Candidate Name KENDRICK B MEEK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mica for Congress</b>		Transaction ID: 70711.E1541 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 181546 Suite 200		Amount of Each Disbursement this Period 1000.00
City Casselberry State FL Zip Code 32718-	Category/ Type  FL-07 US HOUSE	
Purpose of Disbursement FL-07 US HOUSE		
Candidate Name JOHN L MR. MICA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Moran for Congress</b>		Transaction ID: 70711.E1578 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 2518		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22301-	Category/ Type  VA-08 US HOUSE	
Purpose of Disbursement VA-08 US HOUSE		
Candidate Name JAMES P JR MORAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

<b>A. John P Murtha</b> Full Name (Last, First, Middle Initial) Mailing Address 551 Main Street, Suite 220 City Johnstown State PA Zip Code 15901-		<b>Transaction ID: 70608.E1517</b> Date of Disbursement 06 / 06 / 2007 Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement PA/US HOUSE-12 P08 Candidate Name JOHN P MR. MURTHA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type PA/US HOUSE-12 P08

<b>B. Bill Nelson for US Senate</b> Full Name (Last, First, Middle Initial) Mailing Address 500 RED SAIL WAY City Satellite Beach State FL Zip Code 32937-		<b>Transaction ID: 70608.E1515</b> Date of Disbursement 04 / 26 / 2007 Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement FL/US SENATE Candidate Name BILL NELSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type FL/US SENATE

<b>C. Friends of Jim Oberstar</b> Full Name (Last, First, Middle Initial) Mailing Address 1017 8th St NE City Washington State DC Zip Code 20002-3620		<b>Transaction ID: 70711.E1579</b> Date of Disbursement 06 / 29 / 2007 Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement MN-08 US HOUSE Candidate Name JAMES L OBERSTAR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08 Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type MN-08 US HOUSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial)  
**A. Keep Nick Rahall in Congress Committee**

Mailing Address P.O. Box 64

City State Zip Code  
Beckley WV 25802-

Purpose of Disbursement  
WV-03 US HOUSE

Candidate Name  
NICK J II RAHALL

Office Sought:  House  
 Senate  
 President  
State: WV District: 03

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 70608.E1506

Date of Disbursement

/   /

Amount of Each Disbursement this Period

WV-03 US HOUSE

Full Name (Last, First, Middle Initial)  
**B. Rangel for Congress**

Mailing Address P.O. Box 5577  
Manhattanville Station

City State Zip Code  
New York NY 10027-

Purpose of Disbursement  
NY/US HOUSE-15 P08

Candidate Name  
CHARLES B RANGEL

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

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 70608.E1516

Date of Disbursement

/   /

Amount of Each Disbursement this Period

NY/US HOUSE-15 P08

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

Mailing Address 275 Madison Avenue

City State Zip Code  
New York NY 10016-

Purpose of Disbursement  
NY-16 US HOUSE

Candidate Name  
JOSE E SERRANO

Office Sought:  House  
 Senate  
 President  
State: NY District: 16

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 70711.E1543

Date of Disbursement

/   /

Amount of Each Disbursement this Period

NY-16 US HOUSE

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

**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)

PAGE 35 / 36

<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

Full Name (Last, First, Middle Initial) <b>A. Bill Shuster for Congress</b>		Transaction ID: 70711.E1580 Date of Disbursement 06 / 29 / 2007	
Mailing Address PO Box 27		Amount of Each Disbursement this Period 1000.00	
City Hollidaysburg State PA Zip Code 16648-	Purpose of Disbursement PA-09 US HOUSE	Category/ Type	PA-09 US HOUSE
Candidate Name WILLIAM F SHUSTER	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09			

Full Name (Last, First, Middle Initial) <b>B. Friends of Cliff Stearns</b>		Transaction ID: 70711.E1542 Date of Disbursement 03 / 29 / 2007	
Mailing Address P.O. Box 308		Amount of Each Disbursement this Period 1000.00	
City Silver Springs State FL Zip Code 34489-	Purpose of Disbursement FL-06 US HOUSE	Category/ Type	FL-06 US HOUSE
Candidate Name CLIFFORD BUNDY STEARNS	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06			

Full Name (Last, First, Middle Initial) <b>C. Committee to Re-elect Nydia Velazquez</b>		Transaction ID: 70711.E1544 Date of Disbursement 03 / 29 / 2007	
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1000.00	
City Gaithersburg State MD Zip Code 20878-	Purpose of Disbursement NY-12 US HOUSE	Category/ Type	NY-12 US HOUSE
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Robert Wexler for Congress Committee</b>		<b>Transaction ID: 70608.E1502</b>	
Mailing Address PO Box 810669		Date of Disbursement 04 / 26 / 2007	
City Boca Raton	State FL	Zip Code 33431-	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement FL/US HOUSE-19	Candidate Name ROBERT WEXLER		Category/ Type FL/US HOUSE-19
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 19			

Full Name (Last, First, Middle Initial) <b>B. Alaskans for Don Young</b>		<b>Transaction ID: 70711.E1539</b>	
Mailing Address 2504 Fairbanks Street, Suite 444		Date of Disbursement 03 / 29 / 2007	
City Anchorage	State AK	Zip Code 99503-	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement AK-AL US HOUSE	Candidate Name DON E YOUNG		Category/ Type AK-AL US HOUSE
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AK District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>43500.00</b>