

**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**

CITY

STATE

ZIP CODE

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

2011

through

06

30

2011

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

28

2011

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**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

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 1 1 To: M M
0 6 D D
3 0 Y Y Y Y
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 1 1		9093.09
(b) Cash on Hand at Beginning of Reporting Period	9093.09	
(c) Total Receipts (from Line 19)	69959.00	69959.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	79052.09	79052.09
7. Total Disbursements (from Line 31)	15500.00	15500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63552.09	63552.09
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

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	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	61365.00	61365.00
(ii) Unitemized	8594.00	8594.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	69959.00	69959.00
(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)	69959.00	69959.00
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 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))	69959.00	69959.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	69959.00	69959.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	15500.00	
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))..	15500.00	15500.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15500.00	15500.00	

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)	69959.00	69959.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69959.00	69959.00
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: PAGE 6 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Hector Alcalde

Mailing Address 2111 Wilson Blvd
Suite 850

City State Zip Code
Manchester MA 01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: A39757755F2BA45D3AA2

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Christopheher Allen

Mailing Address 540 Brickell Key drive
#1028

City State Zip Code
Miami FL 33131-2641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Caribbean Cruises

Occupation
Director Deployment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: A2513E3AABA464742A4E

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard D. Ames

Mailing Address 1082 Deerwood Ln

City State Zip Code
Weston FL 33326-2848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation
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
0 4 / 0 5 / 2 0 1 1

Transaction ID: A49DA51314D5B483399E

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

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: PAGE 7 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Micky Arison

Mailing Address 9999 Collins Ave

City

Miami

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

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
0 6 / 0 8 / 2 0 1 1

Transaction ID: AD209B12CE2AA48FD9A7

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Louis Bafalis

Mailing Address 11215 Devereux Manor Lane

City

Fairfax Station

State

VA

Zip Code

22039-2047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: AE19BCB8FDA53453F8BD

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

David Bernstein

Mailing Address 12000 S. w 90th Ave

City

Miami

State

FL

Zip Code

33176-5105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

Sr. Vice President & CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A1A73024B62D14855B94

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 44

<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 St

City

Pembroke Pines

State

FL

Zip Code

33029-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Cruise Lines

Occupation

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
0	6		0	8		2	0	1	1

Transaction ID: A7574EDBFFB98440EBB8

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Brian Brennan

Mailing Address 1600 Victoria Pointe Circle

City

Weston

State

FL

Zip Code

33327-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: AED54369D96F747E99F0

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gerry Cahill

Mailing Address 14641 Mustang Trail

City

Southwest Ranches

State

FL

Zip Code

33330-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Cruise Lines

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Transaction ID: A54E70B5FB2C54D36A97

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6250.00

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: PAGE 9 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Stefan Christoffersson

Mailing Address 729 Crystal Ct

City

Weston

State

FL

Zip Code

33326-2914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Cruise Lines

Occupation

Dir Hotel Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: AB88747C8942541AFA86

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Michael Crye

Mailing Address 2909 Woodstock

City

Silver Spring

State

MD

Zip Code

20910-1249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruise Lines International
Ass

Occupation

EUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: AB07130929DB54F3D996

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Julie C. Dofort

Mailing Address 3115 Maple Ln

City

Davie

State

FL

Zip Code

33328-6715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: A6925399CCE964594BDE

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1850.00

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: PAGE 10 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Thomas M. Dow

Mailing Address 1750 P Street NW

City

Washington

State

DC

Zip Code

20036-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

Vice President Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: A2BD84292D7BC43C2AD3

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Dana Dugan

Mailing Address 18761 SW 25th Court

City

Miramar

State

FL

Zip Code

33029-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: A03185D1B12FD419C8C1

Amount of Each Receipt this Period

300.00

Political Contribution

C.

Full Name (Last, First, Middle Initial)

Douglas F. Eney

Mailing Address 317 Palm St

City

Hollywood

State

FL

Zip Code

33019-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Cruise Lines

Occupation

VP, Systems & Tech.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A0B72B8573FC74AD68AD

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5800.00

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: PAGE 11 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Cruise Lines International Association

A.

Full Name (Last, First, Middle Initial)

Kevin Fay

Mailing Address 1101 Ingleside Avenue

City

Mc Lean

State

VA

Zip Code

22101-2131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: A4DDDDA25DF7846F5BE1

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Peter Fetten

Mailing Address 12150 NW 4th Street

City

Plantation

State

FL

Zip Code

33325-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

SUP-Ship Refit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: AFEE6DE62AC3C4ED7AC4

Amount of Each Receipt this Period

800.00

C.

Full Name (Last, First, Middle Initial)

Howard Frank

Mailing Address 445 Grand Bay Dr

City

Key Biscayne

State

FL

Zip Code

33149-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

Vice Chairman & Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Transaction ID: A47D0881EAF824864942

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6800.00

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: PAGE 12 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Victoria L. Freed

Mailing Address 2677 Riviera Ct

City

Weston

State

FL

Zip Code

33332-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Caribbean Cruises

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: AA14A5544D42B4817BC0

Amount of Each Receipt this Period

500.00

Political Contribution

B.

Full Name (Last, First, Middle Initial)

Charles Fuchs

Mailing Address 19254 S. Gardenia Ave

City

Weston

State

FL

Zip Code

33332-4404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

Manager, Tech. Audit Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: A29EBEC6085664170AEA

Amount of Each Receipt this Period

250.00

Political Contribution

C.

Full Name (Last, First, Middle Initial)

Timothy Gallagher

Mailing Address 1429 Urbino Ave

City

Miami

State

FL

Zip Code

33146-1927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Cruise Lines

Occupation

VP Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: AD9D837DD0E5D4FF9BC4

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

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: PAGE 13 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Antje Gibson

Mailing Address 12281 SW 121st Terrace

City

Miami

State

FL

Zip Code

33186-5415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Caribbean Cruises

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
0 5 / 1 7 / 2 0 1 1

Transaction ID: AF0391EF318E4497AAF4

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

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 Cruises

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: A5139E9E2C3E84C26868

Amount of Each Receipt this Period

1000.00

Political Contribution

C.

Full Name (Last, First, Middle Initial)

John Haeflinger

Mailing Address 3353 W. Stonebrooks Circle

City

Davie

State

FL

Zip Code

33330-1274

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: AFC07CBC31AA0497D934

Amount of Each Receipt this Period

1500.00

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: PAGE 14 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Cruise Lines International Association

A.

Full Name (Last, First, Middle Initial)

John Harshaw

Mailing Address 10623 SW 26 Ct

City

Davie

State

FL

Zip Code

33328-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Cruise LinesOccupation
Director It

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Transaction ID: A8D1AF778229A4564B5D

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Stephen Hodes

Mailing Address 3530 Magellan Circle
Unit 615

City

Miami

State

FL

Zip Code

33180-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival CorporationOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: A6A1EA93B08B24CC297E

Amount of Each Receipt this Period

270.00

C.

Full Name (Last, First, Middle Initial)

Vicki Iseman

Mailing Address 328 Cameron Station Blvd

City

Alexandria

State

VA

Zip Code

22304-8623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: A05B4A53DB85C46A48CD

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

820.00

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: PAGE 15 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Giora Israel

Mailing Address 11305 SW 72nd Ct

City

Miami

State

FL

Zip Code

33156-4618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

VP Strategic Planning

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: AAF9EFF3E374B44DBAB5

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Roberta Jacoby

Mailing Address 4958 SW 88th St

City

Coral Gables

State

FL

Zip Code

33156-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

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
0 4 / 2 0 / 2 0 1 1

Transaction ID: A7F5CB810001C4BD5ADC

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Paul S. Jarvis

Mailing Address 4355 Dogwood Circle

City

Weston

State

FL

Zip Code

33331-5004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

Vice President of Casino Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: A21FB754579284609AE9

Amount of Each Receipt this Period

500.00

Political Contribution

SUBTOTAL of Receipts This Page (optional)

2000.00

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: PAGE 16 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Cruise Lines International Association

A.

Full Name (Last, First, Middle Initial)

Michael Jones

Mailing Address 90 Edgewater Drive

City

Coral Gables

State

FL

Zip Code

33133-6942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Caribbean Cruises

Occupation

VP Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: A91037A4793B0454DA5D

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael Kaczmarek

Mailing Address 1410 Lacosta Dr

City

Pembroke Pines

State

FL

Zip Code

33027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

Director, Shipbuilding

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: A9F3770CD90BD4597810

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Eleni Kalisch

Mailing Address 6468 Manhasset Lane

City

Alexandria

State

VA

Zip Code

22312-2339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Caribbean Cruises

Occupation

VP - Congressional Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	1	1

Transaction ID: AC7C8DA2C3A5942B0AC6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

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: PAGE 17 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Karen Kirk

Mailing Address 117 Santander Ave

City

Coral Gables

State

FL

Zip Code

33134-6822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

Dir. Of Special Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: AC6C4FE11B3F14ABE990

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Joseph Robert Kirk

Mailing Address 117 Santander Avenue

City

Coral Gables

State

FL

Zip Code

33134-6822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Cruise Lines

Occupation

VP - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: A32E7A3BE7A02405486A

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Edie Kongsberg-Bornstein

Mailing Address 1764 Victoria Pointe Circle

City

Weston

State

FL

Zip Code

33327-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Cruise Lines

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: A830C1A086A4443DC927

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

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: PAGE 18 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Zlatko Kosovic

Mailing Address 701 Brickell Key Blvd.

City

Miami

State

FL

Zip Code

33131-2674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Caribbean Cruises

Occupation

Director Marine Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: A1C309A23D0794EA7B87

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Cyrus Marfatia

Mailing Address 17471 S. w 33rd St

City

Miramar

State

FL

Zip Code

33029-1695

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Cruise Lines

Occupation

VP Food & Beverage

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: AA838416B836A452D881

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William Martin

Mailing Address 1251 Quail Ave

City

Miami Springs

State

FL

Zip Code

33166-3137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Caribbean Cruises

Occupation

VP Trade Support & Srvs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: AD36F3180D6464ECC81A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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: PAGE 19 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Michael McNamara

Mailing Address 20001 NE 23 Ave

City

Miami

State

FL

Zip Code

33180-1808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Caribbean Cruises

Occupation

AVP Energy Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: ABD65796804D6451EA95

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John Meszaros

Mailing Address 2301 Collins Avenue, #1510

City

Miami

State

FL

Zip Code

33139-1630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

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
0 4 / 0 5 / 2 0 1 1

Transaction ID: A2264115FA4EB4AFBB20

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mark L Novell

Mailing Address 6410 NW 106 Terrace

City

Parkland

State

FL

Zip Code

33076-3767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

Vice President Asst. Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A0595A4C5E7744C8D8F5

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

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: PAGE 20 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Mark O'Brien

Mailing Address 7261 S. w 117th Terrace

City

Miami

State

FL

Zip Code

33156-4665

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

Director, Corporate Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 1

Transaction ID: A47C95D19B17F4381B2C

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

James Oshaughnessy

Mailing Address 701 Brickell Key Blvd.
Apt. 301

City

Miami

State

FL

Zip Code

33131-2675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: A8267BB5C6B6A475EB9B

Amount of Each Receipt this Period

300.00

Political Contribution

C.

Full Name (Last, First, Middle Initial)

Lisa Perlo

Mailing Address 921 Coco Plum Way

City

Plantation

State

FL

Zip Code

33324-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Celebrity Cruises

Occupation

VP Revenue Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: AFF4DD272C2164969959

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

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: PAGE 21 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Nancy G Prowitt

Mailing Address 3749 N Tazewell Street

City

Arlington

State

VA

Zip Code

22207-4572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: ABD36FBFA07534EDA803

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Veda Rampat

Mailing Address 15007 SW 38th Street

City

Davie

State

FL

Zip Code

33331-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Cruise Lines

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A9361ABDE622D4B8BBD5

Amount of Each Receipt this Period

945.00

C.

Full Name (Last, First, Middle Initial)

Douglas R. Santoni

Mailing Address 4100 El Prado Blvd

City

Miami

State

FL

Zip Code

33133-6312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Caribbean Cruises

Occupation

VP Revenue Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: AFDADA1F7765348028C1

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

3445.00

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: PAGE 22 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Paul Schlesinger

Mailing Address 6061 Sugarstone Court

City

Mc Lean

State

VA

Zip Code

22101-3247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: ACC9854656A1B4725B4E

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bob Sharak

Mailing Address 12760 NW 65th Drive

City

Parkland

State

FL

Zip Code

33076-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruise Lines International
Ass

Occupation

AVP Marketing and Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: AE7603179C4C6491B9A5

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Barbara Shrut

Mailing Address 436 Bargello Ave

City

Coral Gables

State

FL

Zip Code

33146-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Caribbean Cruises

Occupation

VP Finance + Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: AD74090B2EEDF44D99C8

Amount of Each Receipt this Period

250.00

Political Contribution

SUBTOTAL of Receipts This Page (optional)

1000.00

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: PAGE 23 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Mary C. Sloan

Mailing Address 4172 Douglas Rd

City

Miami

State

FL

Zip Code

33133-6852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

VP, Risk Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A316B596A99854997B78

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Bradley Stein

Mailing Address 7220 SW 108th Terrace

City

Miami

State

FL

Zip Code

33156-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Caribbean Cruises

Occupation

VP General Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: A8FABEE2E5E9C4611A13

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Eric Stewart

Mailing Address 4162 SW 188th Ave

City

Miramar

State

FL

Zip Code

33029-2764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Caribbean Cruises

Occupation

Director Global Talent Aquisition

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: A693BC2FF147048D0AC9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1700.00

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: PAGE 24 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Gayle Stewart-Loudis

Mailing Address 7515 SW 28 Street

City

Davie

State

FL

Zip Code

33314-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruise Lines International
Ass

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: A67DF0F77F96E4E60B7D

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Lourdes Suarez

Mailing Address 2475 Brickell Avenue, Apt 2205

City

Miami

State

FL

Zip Code

33129-2483

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation
Assistant Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: A2B9307AF15D34419A8C

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Thomas Thompson

Mailing Address 9334 Brambly Ln

City

Alexandria

State

VA

Zip Code

22309-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
lcc

Occupation
Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: AC6A29DD1C25042AF AE3

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)

1600.00

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: PAGE 25 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Terry L. Thornton

Mailing Address 6901 SW 136th St

City

Miami

State

FL

Zip Code

33156-6970

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Cruise Lines

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: ACD2374B9A25C4C17A2C

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Lynn Torrent

Mailing Address 2100 N. Ocean Blvd
#1102

City

Fort Lauderdale

State

FL

Zip Code

33305-1942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

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
0 6 / 0 8 / 2 0 1 1

Transaction ID: AB96B2891AF344DFEBF0

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James Van Langen

Mailing Address 4738 NW 97th Ct

City

Doral

State

FL

Zip Code

33178-1977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

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
0 4 / 2 0 / 2 0 1 1

Transaction ID: AE53F76A0E027496EBBE

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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: PAGE 26 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Bert Van Middendorp

Mailing Address 2925 Catalina Street

City

Miami

State

FL

Zip Code

33133-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Azamara Club Cruises

Occupation

AVP Hotel Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: A0B075B32D1654DC38E2

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Guillermo Villa

Mailing Address 5774 SW 131 Terrace

City

Pinecrest

State

FL

Zip Code

33156-7260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Caribbean Cruises

Occupation

VP - Total Rewards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: AE93C92E40D6D40D7B56

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dwayne Warner

Mailing Address 3906 SW 190 Ave

City

Miramar

State

FL

Zip Code

33029-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Cruise Lines

Occupation

Staff VP Strategic Automation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: A7BFDB42F586F4B429C6

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1900.00

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: PAGE 27 / 44

(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

A.

Full Name (Last, First, Middle Initial)

Paul T. Weber

Mailing Address 3633 Heron Ridge Ln

City

Weston

State

FL

Zip Code

33331-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

Vice President, Tech Ops

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: AE0AE70AACD564297926

Amount of Each Receipt this Period

700.00

B.

Full Name (Last, First, Middle Initial)

Brenda Yester

Mailing Address 14390 Stirling Rd

City

Southwest Ranches

State

FL

Zip Code

33330-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Cruise Lines

Occupation

VP Revenue Management

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: A141B028A3FA949BCB2F

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Giovanni Zanotti

Mailing Address 3655 NW 87th Avenue

City

Doral

State

FL

Zip Code

33178-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival Corporation

Occupation

VP, Strategic Sourcing

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: A14AD6F02224B4CB991C

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

61365.00

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)

PAGE 28 / 44

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Cruise Lines International Association

A. Full Name (Last, First, Middle Initial) Bill Nelson for U.S. Senate	Transaction ID: BAD05F55B28FF435195B Date of Disbursement
Mailing Address 500 RED SAIL WAY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 1</div> </div>
City State Zip Code SATELITE BEACH FL 32937	Amount of Each Disbursement this Period
Purpose of Disbursement FL US Senate	<div> <div></div> <div>3000.00</div> </div>
Candidate Name Sen. Bill Nelson	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bill Shuster for Congress	Transaction ID: B21DBE48C806B40DDDB56 Date of Disbursement
Mailing Address PO Box 27	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 3 / 2 0 1 1</div> </div>
City State Zip Code Hollidaysburg PA 16648	Amount of Each Disbursement this Period
Purpose of Disbursement PA US House	<div> <div></div> <div>1000.00</div> </div>
Candidate Name Rep. Bill Franklin Shuster	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CALIFORNIA VOTE 2010	Transaction ID: B0264F725B7A84B80824 Date of Disbursement
Mailing Address 430 S CAPITOL ST SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 1 1</div> </div>
City State Zip Code WASHINGTON DC 20003	Amount of Each Disbursement this Period
Purpose of Disbursement VOID - PAC to PAC	<div> <div></div> <div>-1000.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010

SUBTOTAL of Disbursements This Page (optional)

3000.00

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)

PAGE 29 / 44

<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

A. Full Name (Last, First, Middle Initial) Capuano for Congress	Transaction ID: B2C7FE4634908460B868 Date of Disbursement																				
Mailing Address P.O. Box 440305	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	1	1												
City Somerville State MA Zip Code 02144	Amount of Each Disbursement this Period																				
Purpose of Disbursement MA US House	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Michael E. Capuano	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Castor for Congress	Transaction ID: B0D3ED910064C4AB285A Date of Disbursement																				
Mailing Address P.O. Box 5419	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	3		2	0	1	1												
City Tampa State FL Zip Code 33675	Amount of Each Disbursement this Period																				
Purpose of Disbursement FL US House	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Kathy Castor	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Citizens for Tom Petri	Transaction ID: BA15B1F2916CD4841984 Date of Disbursement																				
Mailing Address PO Box 270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	1	1												
City Fond Du Lac State WI Zip Code 54936	Amount of Each Disbursement this Period																				
Purpose of Disbursement WI US House	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Tom E. Petri	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 30 / 44

<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

A.

Full Name (Last, First, Middle Initial)

Citizens for Tom Petri

Mailing Address PO Box 270

City
Fond Du LacState
WIZip Code
54936Purpose of Disbursement
VOID - WI-06 US HouseCandidate Name
Rep. Tom E. PetriCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 06

Transaction ID: BD8F7CFE639634F50916

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	1

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

Citizens to Elect Rick Larsen

Mailing Address PO BOX 326

City
EVERETTState
WAZip Code
98206Purpose of Disbursement
WA - 2 US HouseCandidate Name
Rep. Rick LarsenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: B6A8A074209A84E5CAD1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dan 10

Mailing Address 1088 BISHOP STREET
SUITE 1009City
HONOLULUState
HIZip Code
96813Purpose of Disbursement
VOID - Political ContributionCandidate Name
Sen. Daniel K. InouyeCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: HI District:

Transaction ID: B8ABF7458943F4238BC6

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	1

Amount of Each Disbursement this Period

-2000.00

SUBTOTAL of Disbursements This Page (optional)

-2000.00

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Cruise Lines International Association

A. Full Name (Last, First, Middle Initial) DANPAC	Transaction ID: B3DA0C123C1994B7C8CE Date of Disbursement
Mailing Address 1088 Bishop Street Suite 1009	<div> <div>05</div> <div>12</div> <div>2011</div> </div>
City Honolulu State HI Zip Code 96813	Amount of Each Disbursement this Period
Purpose of Disbursement VOID - PAC to PAC	<div>-1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010
B. Full Name (Last, First, Middle Initial) Defazio for Congress	Transaction ID: B24177966330F403DA45 Date of Disbursement
Mailing Address PO Box 1316	<div> <div>06</div> <div>23</div> <div>2011</div> </div>
City Springfield State OR Zip Code 97477	Amount of Each Disbursement this Period
Purpose of Disbursement OR - 04 US House	<div>1000.00</div>
Candidate Name Rep. Peter A. DeFazio	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Duncan for Congress	Transaction ID: B407470DA26BB4323BB8 Date of Disbursement
Mailing Address PO Box 2646	<div> <div>05</div> <div>03</div> <div>2011</div> </div>
City Knoxville State TN Zip Code 37901	Amount of Each Disbursement this Period
Purpose of Disbursement TN US House	<div>1000.00</div>
Candidate Name Rep. John J. Duncan, Jr.	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1000.00

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)

PAGE 32 / 44

<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

A.

Full Name (Last, First, Middle Initial)

Duncan for Congress

Mailing Address PO Box 2646

City
Knoxville

State
TN

Zip Code
37901

Purpose of Disbursement
TN - 2 US House

Candidate Name
Rep. John J. Duncan, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 02

Transaction ID: B125917665FEE4D26BF7

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends for Harry Reid

Mailing Address 422 C Street, NE Lower level

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
VOID - NV-US Senate

Candidate Name
Sen. Harry Reid

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District:

Transaction ID: B1B6664C78E22412BA14

Date of Disbursement

05 / 12 / 2011

Amount of Each Disbursement this Period

-1000.00

C.

Full Name (Last, First, Middle Initial)

Friends of Barbara Boxer

Mailing Address PO BOX 641751

City
Los Angeles

State
CA

Zip Code
90064

Purpose of Disbursement
VOID - Political Contribution

Candidate Name
Sen. Barbara Boxer

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District:

Transaction ID: BDAE3CF50B7374ABFAAA

Date of Disbursement

05 / 12 / 2011

Amount of Each Disbursement this Period

-2000.00

SUBTOTAL of Disbursements This Page (optional)

-2000.00

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)

PAGE 33 / 44

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Cruise Lines International Association

A.

Full Name (Last, First, Middle Initial)

Friends of Bennie Thompson

Mailing Address PO Box 100

City
Bolton

State
MS

Zip Code
39041

Purpose of Disbursement
VOID - MS-02 US House

Candidate Name
Rep. Bennie G. Thompson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MS District: 02

Transaction ID: B65A3A7BBB64A4DF7939

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Bennie Thompson

Mailing Address PO Box 100

City
Bolton

State
MS

Zip Code
39041

Purpose of Disbursement
MS-02 US HOUSE

Candidate Name
Rep. Bennie G. Thompson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 02

Transaction ID: B46037C44FAA14AF2805

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Friends of Bennie Thompson

Mailing Address PO Box 100

City
Bolton

State
MS

Zip Code
39041

Purpose of Disbursement
MS US House

Candidate Name
Rep. Bennie G. Thompson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 02

Transaction ID: B8CE1E79C9E004234A42

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Cruise Lines International Association

A. Full Name (Last, First, Middle Initial) Friends of Cliff Stearns Mailing Address P.O. Box 308	Transaction ID: B4100F1DF54004F1888D Date of Disbursement <div> <div>05</div> <div>12</div> <div>2011</div> </div>
City Silver Springs State FL Zip Code 34489 Purpose of Disbursement VOID - FL-06 US House Candidate Name Rep. Cliff B. Stearns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 06	Amount of Each Disbursement this Period <div>-1000.00</div>
B. Full Name (Last, First, Middle Initial) Friends of Cliff Stearns Mailing Address P.O. Box 308 City Silver Springs State FL Zip Code 34489 Purpose of Disbursement FL - 6 US House Candidate Name Rep. Cliff B. Stearns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 06	Transaction ID: B80884E63612340C8841 Date of Disbursement <div> <div>06</div> <div>29</div> <div>2011</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>
C. Full Name (Last, First, Middle Initial) Friends of Doc Hastings Mailing Address PO BOX 2926 City PASCO State WA Zip Code 99302 Purpose of Disbursement WA - 4 US House Candidate Name Rep. Doc Hastings Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 04	Transaction ID: B525ED777EAA44E3C9A5 Date of Disbursement <div> <div>06</div> <div>23</div> <div>2011</div> </div> Amount of Each Disbursement this Period <div>500.00</div>
SUBTOTAL of Disbursements This Page (optional) ▶	<div>500.00</div>
TOTAL This Period (last page this line number only) ▶	<div></div>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 / 44

<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

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)

Friends of Frank Wolf

Mailing Address P.O.Box 710235

City
HerndonState
VAZip Code
20171Purpose of Disbursement
VOID - VA-10 US HouseCandidate Name
Rep. Frank R. WolfCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 10

Transaction ID: B32F7513D3EBA486BA28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	1

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

Gibbs for Congress

Mailing Address 6992 TR 466

City
LAKEVILLEState
OHZip Code
44638Purpose of Disbursement
OH - 18 US HouseCandidate Name
Rep. Bob GibbsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: B90EB6549B57647E38CA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John D. Dingell for Congress

Mailing Address 607 14th Street, NW
Suite 800City
WashingtonState
DCZip Code
20005Purpose of Disbursement
MI US HouseCandidate Name
Rep. John D. DingellCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: BFB82522BB5AF41EB93E

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Cruise Lines International Association

A. Full Name (Last, First, Middle Initial) John D. Dingell for Congress	Transaction ID: BA820155EDE82411CBE7 Date of Disbursement
Mailing Address 607 14th Street, NW Suite 800	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement VOID - MI-15 US House	<div> <div></div> <div>-1000.00</div> </div>
Candidate Name Rep. John D. Dingell	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) John D. Dingell for Congress	Transaction ID: BF35370BA48C7469AB2C Date of Disbursement
Mailing Address 607 14th Street, NW Suite 800	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement MI - 15 US House	<div> <div></div> <div>1000.00</div> </div>
Candidate Name Rep. John D. Dingell	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Keep Nick Rahall in Congress Committee	Transaction ID: BB91F2B66A0C849F4ADC Date of Disbursement
Mailing Address P.O. Box 64	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 3 / 2 0 1 1</div> </div>
City Beckley State WV Zip Code 25802	Amount of Each Disbursement this Period
Purpose of Disbursement WV US House	<div> <div></div> <div>1000.00</div> </div>
Candidate Name Rep. Nick J. Rahall, II	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1000.00

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 PageFOR 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

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

Mailing Address P.O. Box 64

City Beckley State WV Zip Code 25802

Purpose of Disbursement
VOID - WV-4 US HouseCandidate Name
Rep. Nick J. Rahall, IICategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 03

Transaction ID: B74CD6DB5B9A947809CD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	1

Amount of Each Disbursement this Period

-1000.00

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

Mailing Address P.O. Box 775

City Marmora State NJ Zip Code 08223

Purpose of Disbursement
NJ US HouseCandidate Name
Rep. Frank A. LoBiondoCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 02

Transaction ID: B76897A9CE03141C5AB1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. Box 775

City Marmora State NJ Zip Code 08223

Purpose of Disbursement
VOID - NJ-02 US HouseCandidate Name
Rep. Frank A. LoBiondoCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 02

Transaction ID: B7705BD7E9F304B8AA95

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	1

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

-1000.00

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 PageFOR 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

A. Full Name (Last, First, Middle Initial) LoBiondo for Congress	Transaction ID: BD867FA435DED412FB9E Date of Disbursement																				
Mailing Address P.O. Box 775	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	1												
City Marmora State NJ Zip Code 08223	Amount of Each Disbursement this Period																				
Purpose of Disbursement NJ US HOUSE	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Frank 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) LoBiondo for Congress	Transaction ID: B62AA0060AD1F4C4C847 Date of Disbursement																				
Mailing Address P.O. Box 775	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	3		2	0	1	1												
City Marmora State NJ Zip Code 08223	Amount of Each Disbursement this Period																				
Purpose of Disbursement NJ US House	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Frank 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) LONG LEAF PINE PAC	Transaction ID: B9A91E435F6FB404DBAA Date of Disbursement																				
Mailing Address 607 14th Street, NW Suite 800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	3		2	0	1	1												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2011																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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

A. Full Name (Last, First, Middle Initial)
Lori Edwards Campaign Committee

Mailing Address P.O. Box 280

City Eagle Lake State FL Zip Code 33839

Purpose of Disbursement
VOID - FL-12 US HouseCandidate Name
Lori EdwardsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: BAD8FB71E279B465AAE9

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	1

Amount of Each Disbursement this Period

-1000.00

B. Full Name (Last, First, Middle Initial)
MARCO RUBIO FOR US SENATE

Mailing Address 2030 SOUTH DOUGLAS ROAD SUITE 105

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement
Debt RetirementCandidate Name
Marco RubioCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District:

Transaction ID: B41CA2F0258804A79A6F

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	1

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
MARK CRITZ FOR CONGRESS COMMITTEE

Mailing Address 551 MAIN STREET SUITE 120

City JOHNSTOWN State PA Zip Code 15901

Purpose of Disbursement
PA US HouseCandidate Name
Mark CritzCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 12

Transaction ID: BE2B99AA6EEC94C698F8

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Cruise Lines International Association

A. Full Name (Last, First, Middle Initial) Menendez for Senate	Transaction ID: B9FEB028D530C4D76BDE Date of Disbursement
Mailing Address PO Box 848	<div> <div>06</div> <div>16</div> <div>2011</div> </div>
City Union City State NJ Zip Code 07087	Amount of Each Disbursement this Period
Purpose of Disbursement NJ US Senate	<div>1000.00</div>
Candidate Name Sen. Robert Menendez	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mica for Congress	Transaction ID: B0CBDFB27465B46C7A68 Date of Disbursement
Mailing Address P.O. Box 181546	<div> <div>06</div> <div>23</div> <div>2011</div> </div>
City Casselberry State FL Zip Code 32718	Amount of Each Disbursement this Period
Purpose of Disbursement FL - 7 US House	<div>2000.00</div>
Candidate Name Rep. John L. Mica	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) M-PAC	Transaction ID: BBDCE98AA7027442483D Date of Disbursement
Mailing Address 607 14TH STREET, NW, SUITE 800	<div> <div>05</div> <div>12</div> <div>2011</div> </div>
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement VOID - Political Contribution	<div>-2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010

SUBTOTAL of Disbursements This Page (optional)

1000.00

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 PageFOR 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

A.

Full Name (Last, First, Middle Initial)

People for Patty Murray

Mailing Address P.O. Box 3662

City
SeattleState
WAZip Code
98124Purpose of Disbursement
VOID - WA-US SenateCandidate Name
Sen. Patty MurrayCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: B695FB2C47B734DC79B6

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	1

Amount of Each Disbursement this Period

-2000.00

B.

Full Name (Last, First, Middle Initial)

Rangel for Congress

Mailing Address P.O. Box 5577

City
MANHATTANVILLE StState
NYZip Code
10027Purpose of Disbursement
VOID - NY-15 US HouseCandidate Name
Rep. Charles B. RangelCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: B6710D27B46AF47FC88D

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	1

Amount of Each Disbursement this Period

-1000.00

C.

Full Name (Last, First, Middle Initial)

Rangel for Congress

Mailing Address P.O. Box 5577

City
MANHATTANVILLE StState
NYZip Code
10027Purpose of Disbursement
NY-15 US HOUSECandidate Name
Rep. Charles B. RangelCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: BA597707C242F4190B43

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	5	/	2	0	1	1

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Cruise Lines International Association

A. Full Name (Last, First, Middle Initial) Rangel for Congress	Transaction ID: B58ABF56CE04C473F95D Date of Disbursement
Mailing Address P.O. Box 5577	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 3 / 2 0 1 1</div> </div>
<div> <div>City State Zip Code</div> <div>MANHATTANVILLE St NY 10027</div> </div> <div> <div>Purpose of Disbursement</div> <div>NY US House</div> </div> <div> <div>Candidate Name</div> <div>Rep. Charles B. Rangel</div> </div> <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: NY District: 15</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>1000.00</div>
B. Full Name (Last, First, Middle Initial) Rangel for Congress	Transaction ID: BA59B18E8DC274BE5AAA Date of Disbursement
Mailing Address P.O. Box 5577	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 1 1</div> </div>
<div> <div>City State Zip Code</div> <div>MANHATTANVILLE St NY 10027</div> </div> <div> <div>Purpose of Disbursement</div> <div>VOID - NY-15 US House</div> </div> <div> <div>Candidate Name</div> <div>Rep. Charles B. Rangel</div> </div> <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: NY District: 15</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>-1000.00</div>
C. Full Name (Last, First, Middle Initial) Rangel for Congress	Transaction ID: B8C436154AB7E472495C Date of Disbursement
Mailing Address P.O. Box 5577	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 1 1</div> </div>
<div> <div>City State Zip Code</div> <div>MANHATTANVILLE St NY 10027</div> </div> <div> <div>Purpose of Disbursement</div> <div>NY - 15 US House</div> </div> <div> <div>Candidate Name</div> <div>Rep. Charles B. Rangel</div> </div> <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: NY District: 15</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>2000.00</div>

SUBTOTAL of Disbursements This Page (optional)

2000.00

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

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NAME OF COMMITTEE (In Full)

Cruise Lines International Association

A.

Full Name (Last, First, Middle Initial)

Ros-Lehtinen for Congress

Mailing Address PO Box 52-2784

City State Zip Code
Miami FL 33152

Purpose of Disbursement
FL US House

Candidate Name
Rep. Ileana Ros-Lehtinen

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: B6CD73D036B0549918E6

Date of Disbursement

05 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ros-Lehtinen for Congress

Mailing Address PO Box 52-2784

City State Zip Code
Miami FL 33152

Purpose of Disbursement
VOID - FL-18 US House

Candidate Name
Rep. Ileana Ros-Lehtinen

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: B0AA0E7C629C4449AB71

Date of Disbursement

05 / 12 / 2011

Amount of Each Disbursement this Period

-1000.00

C.

Full Name (Last, First, Middle Initial)

SANDY ADAMS FOR CONGRESS

Mailing Address PO BOX 1566

City State Zip Code
ORLANDO FL 32802

Purpose of Disbursement
FL US House

Candidate Name
Sandy Adams

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 24

Transaction ID: B48E7EFD4E06B4CBBA20

Date of Disbursement

05 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

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)

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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

A.

Full Name (Last, First, Middle Initial)

Serrano for Congress

Mailing Address PO Box 5577

City
New York

State
NY

Zip Code
10027

Purpose of Disbursement
VOID - NY-16 US House

Candidate Name
Rep. Jose E. Serrano

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 16

Transaction ID: B1C51C16D75834BC4A4E

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

Upton for All of Us

Mailing Address PO Box 490

City
Saint Joseph

State
MI

Zip Code
49085

Purpose of Disbursement
MI US House

Candidate Name
Rep. Fred Upton

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Transaction ID: B07A1C3D408C340ECBBA

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

15500.00