

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Cruise Lines International Association

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

2. **FEC IDENTIFICATION NUMBER** C00432393  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2008 through 03 31 2008

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 05 20 2008

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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		10730.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	2725.00									
(c) Total Receipts (from Line 19) .....	43260.00	43260.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	45985.00	53990.00								
7. Total Disbursements (from Line 31) .....	17000.00	25005.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28985.00	28985.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Cruise Lines International Association

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	42200.00	42200.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1060.00	1060.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	43260.00	43260.00
(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) ▶	43260.00	43260.00
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)) .....	43260.00	43260.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	43260.00	43260.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	5.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	5.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	25000.00
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))..	17000.00	25005.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17000.00	25005.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	43260.00	43260.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43260.00	43260.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	5.00
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	5.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18  
(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

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)  
Micky Arison

Mailing Address 999 Collins Ave

City State Zip Code  
Bal Harbour FL 33134

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

Name of Employer Occupation  
Carnival Corporation Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2008

**Transaction ID: C3276**

Amount of Each Receipt this Period  
5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Robert Bender

Mailing Address 1610 NE 105th St

City State Zip Code  
Miami FL 33138

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

Name of Employer Occupation  
Carnival Corporation Marketing Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2008

**Transaction ID: C3267**

Amount of Each Receipt this Period  
500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
David Bernstein

Mailing Address 12000 S.W. 90th Avenue

City State Zip Code  
Miami FL 33176

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

Name of Employer Occupation  
Carnival Corporation Sr. Vice President & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2008

**Transaction ID: C3255**

Amount of Each Receipt this Period  
3500.00

Receipt

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 18  
(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)  
Diana Block

Mailing Address 3002 NE 20th Street

City State Zip Code  
Aventura FL 33180

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

Name of Employer Occupation  
Royal Caribbean Cruises 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  
03 / 28 / 2008

**Transaction ID: C3274**

Amount of Each Receipt this Period  
1000.00

Receipt

**B.**

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

Mailing Address 17828 N.W. 15th Street

City State Zip Code  
Pembroke Pines FL 33029

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

Name of Employer Occupation  
Carnival Cruise Lines Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2008

**Transaction ID: C3268**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Brian Brennan

Mailing Address 1600 Victoria Pointe Circle

City State Zip Code  
Weston FL 33327

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

Name of Employer Occupation  
Carnival Corporation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2008

**Transaction ID: C3257**

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 18
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gerald R. Cahill	Date of Receipt MM / DD / YYYY 03 / 25 / 2008
	Mailing Address 14641 Mustang Trail	<b>Transaction ID:</b> C3271
	City State Zip Code Fort Lauderdale FL 33330	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Corporation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Amilcar Cascais	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 2665 NE 26th AVENUE	<b>Transaction ID:</b> C3278
	City State Zip Code Fort Lauderdale FL 33306	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Cruise Lines Vice President Tour Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Pamela C. Conover	Date of Receipt MM / DD / YYYY 03 / 25 / 2008
	Mailing Address 450 W. Matheson Drive	<b>Transaction ID:</b> C3270
	City State Zip Code Key Biscayne FL 33149-2718	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Corporation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 18  
(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)  
Thomas M. Dow

Mailing Address 1818 Ontario Pl., NW

City Washington State DC Zip Code 20009

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

Name of Employer Princess Cruises Occupation Vice President Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 20 / 2008

Transaction ID: C3252

Amount of Each Receipt this Period 5000.00

Receipt

**B.**

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

Mailing Address 317 Palm Street

City Hollywood State FL Zip Code 33019

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 03 / 20 / 2008

Transaction ID: C3243

Amount of Each Receipt this Period 500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Howard Frank

Mailing Address 445 Grand Bay Drive

City Key Biscayne State FL Zip Code 33149

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

Name of Employer Carnival Corporation Occupation Vice Chairman & COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 28 / 2008

Transaction ID: C3275

Amount of Each Receipt this Period 5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<b>A.</b>	Full Name (Last, First, Middle Initial) Victoria L. Freed	Date of Receipt MM / DD / YYYY 03 / 25 / 2008
	Mailing Address 2677 Riviera Court	<b>Transaction ID:</b> C3263
	City State Zip Code Weston FL 33332	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Cruise Lines Sr. VP Sales & Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Adam Goldstein	Date of Receipt MM / DD / YYYY 03 / 20 / 2008
	Mailing Address 4321 Santa Maria St.	<b>Transaction ID:</b> C3245
	City State Zip Code Coral Gables FL 33146	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Royal Caribbean Cruises EVP, Brand Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Donald Habeger	Date of Receipt MM / DD / YYYY 03 / 25 / 2008
	Mailing Address 9300 View Drive	<b>Transaction ID:</b> C3265
	City State Zip Code Juneau AK 99801	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Royal Caribbean Cruises Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 18  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

**A.**

Full Name (Last, First, Middle Initial)  
Eleni Kalisch

Mailing Address 1925 Brickell Ave #115

City State Zip Code  
Miami FL 33129

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

Name of Employer Occupation  
Royal Caribbean Cruises VP - Congressional Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2008

Transaction ID: C3244

Amount of Each Receipt this Period  
2500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Douglas R. Santoni

Mailing Address 4100 El Prado Blvd

City State Zip Code  
Miami FL 33133

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

Name of Employer Occupation  
Royal Caribbean Cruises VP Revenue Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2008

Transaction ID: C3266

Amount of Each Receipt this Period  
2000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Mary C. Sloan

Mailing Address 4172 Douglas Road

City State Zip Code  
Coconut Grove FL 33133

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

Name of Employer Occupation  
Carnival Corporation VP, Risk Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2008

Transaction ID: C3256

Amount of Each Receipt this Period  
650.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5150.00**

**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 / 18  
(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 Street

City State Zip Code  
Miami FL 33156

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

Name of Employer Occupation  
Carnival Cruise Lines VP Marketing & Planning

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2008

**Transaction ID:** C3269

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Larry Trailer

Mailing Address 140 Bonaventure Blvd., Apt 204

City State Zip Code  
Weston FL 33326

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

Name of Employer Occupation  
Carnival Corporation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2008

**Transaction ID:** C3259

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 5774 SW 131 Terrace

City State Zip Code  
Pinecrest FL 33156

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

Name of Employer Occupation  
Royal Caribbean Cruises VP - Total Rewards

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2008

**Transaction ID:** C3249

Amount of Each Receipt this Period  
350.00

Receipt

**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 13 / 18	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) William Wright		Date of Receipt
	Mailing Address 6051 N. Ocean Drive #1706		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 20 / 2008
	City	State	Zip Code
	Hollywood	FL	33019
	FEC ID number of contributing federal political committee.		Transaction ID: C3250
	C		Amount of Each Receipt this Period 350.00
Name of Employer Royal Caribbean Cruises		Occupation SVP Marine Opps	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Other (specify) ▼		350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	42200.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<p><b>A.</b> Full Name (Last, First, Middle Initial) Berkley for Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89129-</p> <p>Purpose of Disbursement NV-01 US HOUSE</p> <p>Candidate Name SHELLEY BERKLEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1757 <b>Date of Disbursement</b> 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>NV-01 US HOUSE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Corrine Brown</p> <p>Mailing Address 3109 River Bend Court, D102</p> <p>City Laurel State MD Zip Code 20724-</p> <p>Purpose of Disbursement FL-03 US HOUSE</p> <p>Candidate Name CORRINE BROWN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1760 <b>Date of Disbursement</b> 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>FL-03 US HOUSE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Castor for Congress</p> <p>Mailing Address P.O. Box 5419</p> <p>City Tampa State FL Zip Code 33675-</p> <p>Purpose of Disbursement FL-11 US HOUSE</p> <p>Candidate Name KATHY CASTOR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1747 <b>Date of Disbursement</b> 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>FL-11 US HOUSE</p>

**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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Coble for Congress</p> <p>Mailing Address P.O. Box 1177</p> <p>City Greensboro State NC Zip Code 27402-</p> <p>Purpose of Disbursement NC-06 US HOUSE</p> <p>Candidate Name JOHN HOWARD COBLE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1748 <b>Date of Disbursement:</b> 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type NC-06 US HOUSE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cummings for Congress Campaign Committee</p> <p>Mailing Address PO BOX 1631</p> <p>City Baltimore State MD Zip Code 21203-</p> <p>Purpose of Disbursement MD-07 US HOUSE</p> <p>Candidate Name ELIJAH E CUMMINGS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1749 <b>Date of Disbursement:</b> 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type MD-07 US HOUSE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John D Dingell for Congress Committee</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013-</p> <p>Purpose of Disbursement MI-15 US HOUSE</p> <p>Candidate Name JOHN D DINGELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1750 <b>Date of Disbursement:</b> 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type MI-15 US HOUSE</p>

**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 16 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<b>A.</b> Full Name (Last, First, Middle Initial) Klein for Congress <hr/> Mailing Address 21301 Powerline Rd Ste 204 <hr/> City Boca Raton State FL Zip Code 33433-2390 Purpose of Disbursement FL-22 US HOUSE Candidate Name RON KLEIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80514.E1788 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type FL-22 US HOUSE
<b>B.</b> Full Name (Last, First, Middle Initial) LoBiondo for Congress <hr/> Mailing Address PO Box 775 <hr/> City Marmora State NJ Zip Code 08223- Purpose of Disbursement NJ-02 US HOUSE Candidate Name FRANK A LOBIONDO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E1758 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type NJ-02 US HOUSE
<b>C.</b> Full Name (Last, First, Middle Initial) TIM MAHONEY FOR FLORIDA <hr/> Mailing Address 4114 Northlake Blvd Ste 300 <hr/> City Palm Beach Gardens State FL Zip Code 33410-6281 Purpose of Disbursement FL-16 US HOUSE Candidate Name TIM MAHONEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80514.E1787 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type FL-16 US HOUSE

**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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Moran for Congress</p> <p>Mailing Address P.O. Box 2518</p> <p>City Alexandria State VA Zip Code 22301-</p> <p>Purpose of Disbursement VA-08 US HOUSE</p> <p>Candidate Name JAMES P MORAN, JR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1761 <b>Date of Disbursement</b> 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type VA-08 US HOUSE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Murtha for Congress Committee</p> <p>Mailing Address BT Financial Plaza; STe 220</p> <p>City Johnstown State PA Zip Code 15901-</p> <p>Purpose of Disbursement PA-12 US HOUSE</p> <p>Candidate Name JOHN P MURTHA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1745 <b>Date of Disbursement</b> 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type PA-12 US HOUSE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) National Republican Cong. Comm.</p> <p>Mailing Address 320 1st St SE</p> <p>City Washington State DC Zip Code 20003-1838</p> <p>Purpose of Disbursement PAC TO PPC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1746 <b>Date of Disbursement</b> 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type PAC TO PPC</p>

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<p><b>A.</b> Full Name (Last, First, Middle Initial) Serrano for Congress</p> <p>Mailing Address PO Box 5577; Manhattanville Statio</p> <p>City New York State NY Zip Code 10027-</p> <p>Purpose of Disbursement NY-16 US HOUSE</p> <p>Candidate Name JOSE E SERRANO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1751 <b>Date of Disbursement</b> 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>NY-16 US HOUSE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bill Shuster for Congress</p> <p>Mailing Address PO Box 27</p> <p>City Hollidaysburg State PA Zip Code 16648-</p> <p>Purpose of Disbursement PA-09 US HOUSE</p> <p>Candidate Name WILLIAM F SHUSTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1759 <b>Date of Disbursement</b> 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>PA-09 US HOUSE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Bennie Thompson</p> <p>Mailing Address PO Box 100</p> <p>City Bolton State MS Zip Code 39041-</p> <p>Purpose of Disbursement MS-02 US HOUSE</p> <p>Candidate Name BENNIE G THOMPSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1762 <b>Date of Disbursement</b> 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>MS-02 US HOUSE</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	17000.00