

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Cruise Lines International Association

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 ▲

C C00432393

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) 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 Primary (12P) General (12G) Runoff (12R)
- PRE-Election Report for the: Convention (12C) Special (12S)

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

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

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

5. Covering Period

[MM] / [DD] / [YYYY] 07 / 01 / 2011

through

[MM] / [DD] / [YYYY] 12 / 31 / 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 Michael Crye

Signature of Treasurer Michael Crye

[Electronically Filed]

Date

[MM] / [DD] / [YYYY] 01 / 30 / 2012

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)

Write or Type Committee Name

Cruise Lines International Association

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="9093.09"/>	<input type="text" value="9093.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="63552.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="27160.00"/>	<input type="text" value="97119.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="90712.09"/>	<input type="text" value="106212.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39000.00"/>	<input type="text" value="54500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="51712.09"/>	<input type="text" value="51712.09"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Cruise Lines International Association

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25650.00	87015.00
(ii) Unitemized	1510.00	10104.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27160.00	97119.00
(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)	27160.00	97119.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	27160.00	97119.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	27160.00	97119.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	54500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39000.00	54500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39000.00	54500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	27160.00	97119.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27160.00	97119.00
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 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Jo-Ann Arndt
 Full Name (Last, First, Middle Initial)
 Mailing Address 5212 Overview Ct
 City Orlando State FL Zip Code 32819-3853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Disney Cruise Line Occupation Vice President Shoreside Travel Operat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2011
Transaction ID : AC98B015B98A74A6BA8F
 Amount of Each Receipt this Period
 250.00

B. Ozer Balli
 Full Name (Last, First, Middle Initial)
 Mailing Address 14621 Isle View Dr
 City Winter Garden State FL Zip Code 34787-6203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Disney Cruise Line Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2011
Transaction ID : A3BF59565067D4DC0826
 Amount of Each Receipt this Period
 250.00

C. Michael Bayley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1830 South Ocean Drive
 APT 1701
 City Hallandale Beach State FL Zip Code 33009-7693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Royal Caribbean Cruises Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2011
Transaction ID : A2FC24B664B02447A8A8
 Amount of Each Receipt this Period
 1000.00

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 7 OF 20
(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

Full Name (Last, First, Middle Initial)
A. Colleen Fain

Mailing Address 700 Arvida Pkwy

City Miami	State FL	Zip Code 33156-2325
---------------	-------------	------------------------

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

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2011

Transaction ID : AB17525BC2F5D41D8996

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Richard D. Fain

Mailing Address 700 Arvida Pkwy

City Coral Gables	State FL	Zip Code 33156-2325
----------------------	-------------	------------------------

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

Name of Employer Royal Caribbean Cruises	Occupation Chairman & CEO
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2011

Transaction ID : A5EE704AD5B854B6D98A

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. William F. Gee

Mailing Address 4201 SW 101st Ave

City Davie	State FL	Zip Code 33328-2235
---------------	-------------	------------------------

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

Name of Employer Carnival Cruise Lines	Occupation Acting Controller
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2011

Transaction ID : A7252B6E5E54546C8BD6

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	10250.00
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 8 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

A. Patrick Gerrity
Full Name (Last, First, Middle Initial)
Mailing Address 8519 Redleaf Lane
City Orlando State FL Zip Code 32819-3927
FEC ID number of contributing federal political committee. **C**
Name of Employer Disney Cruise Line Occupation VP Safty, Security and Environmental P
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 08 / 16 / 2011
Transaction ID : A8CAF0E6B5702412C9D1
Amount of Each Receipt this Period 300.00

B. Douglas Grau
Full Name (Last, First, Middle Initial)
Mailing Address 4742 La Villa Marina Unit C
City Marina Del Rey State CA Zip Code 90292-7086
FEC ID number of contributing federal political committee. **C**
Name of Employer Royal Caribbean International Occupation Director of Sales - West
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 10 / 27 / 2011
Transaction ID : A09E21A16212246BA99B
Amount of Each Receipt this Period 500.00

C. Daniel Hanrahan
Full Name (Last, First, Middle Initial)
Mailing Address 41 Bay Heights Drive
City Miami State FL Zip Code 33133-2605
FEC ID number of contributing federal political committee. **C**
Name of Employer Royal Caribbean Cruises Ltd. Occupation President & CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3000.00

Date of Receipt 10 / 27 / 2011
Transaction ID : A296F08CCF12A4A62848
Amount of Each Receipt this Period 3000.00

SUBTOTAL of Receipts This Page (optional)..... 3800.00
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 9 OF 20
<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. Karl Holz
Full Name (Last, First, Middle Initial)
Mailing Address 6139 S. Hampshire Ct.
City Windermere State FL Zip Code 34786-5623
FEC ID number of contributing federal political committee. **C**
Name of Employer The Walt Disney Company Occupation President DCL
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1800.00

Date of Receipt 08 / 16 / 2011
Transaction ID : A5E7F1313906F4E3BA90
Amount of Each Receipt this Period 1800.00

B. Rena Langley
Full Name (Last, First, Middle Initial)
Mailing Address 1321 Cornerstone Ct
City Orlando State FL Zip Code 32835-5378
FEC ID number of contributing federal political committee. **C**
Name of Employer Disney Cruise Line Occupation VP Public Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 16 / 2011
Transaction ID : A6AD23B279F9747B9BE2
Amount of Each Receipt this Period 250.00

C. Mike Park
Full Name (Last, First, Middle Initial)
Mailing Address 9081 NW 14th St
City Plantation State FL Zip Code 33322-4340
FEC ID number of contributing federal political committee. **C**
Name of Employer Carnival Corporation Occupation Director Financial Analysis
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 02 / 2011
Transaction ID : A394082FC5A694C6D9F4
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... **3050.00**
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 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

Full Name (Last, First, Middle Initial)
A. Arnaldo Perez

Mailing Address 10220 SW 58 Ct

City Miami State FL Zip Code 33156-4145

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

Name of Employer: Carnival Cruise Lines Occupation: SVP General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **10 / 27 / 2011**

Transaction ID : **AD89868E3953342C5B43**

Amount of Each Receipt this Period: **800.00**

Full Name (Last, First, Middle Initial)
B. Thomas Pritzker

Mailing Address 71 S. Wacker Dr Suite 4700 Suite 4700

City Chicago State IL Zip Code 60606-4716

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

Name of Employer: The Pritzker Organization Occupation: Chairman of the Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **11 / 02 / 2011**

Transaction ID : **AB97C3EFABEF34C1AB92**

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

Full Name (Last, First, Middle Initial)
C. Meredith Renard

Mailing Address 8858 Great Cove Dr

City Orlando State FL Zip Code 32819-4100

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

Name of Employer: Disney Cruise Line Occupation: Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **08 / 16 / 2011**

Transaction ID : **AC321FBEBE0734D808AC**

Amount of Each Receipt this Period: **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	6050.00
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 11 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

A. Jim Urry
Full Name (Last, First, Middle Initial)
Mailing Address 1230 Wright Circle # 310
City Kissimmee State FL Zip Code 34747-4077
FEC ID number of contributing federal political committee. **C**
Name of Employer Disney Cruise Line Occupation VP Entertainment
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2011
Transaction ID : **AB93CFFE0D08F421F94C**
Amount of Each Receipt this Period 250.00

B. Carolyn Webster
Full Name (Last, First, Middle Initial)
Mailing Address 9850 Quail Cove Ct.
City Windermere State FL Zip Code 34786-8012
FEC ID number of contributing federal political committee. **C**
Name of Employer Disney Cruise Line Occupation Director Risk Management & Medical Ser
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2011
Transaction ID : **A4EE3967AB1B7415DBF0**
Amount of Each Receipt this Period 250.00

C. Tom Wolber
Full Name (Last, First, Middle Initial)
Mailing Address 1729 Windermere down Place
City Windermere State FL Zip Code 34786-8023
FEC ID number of contributing federal political committee. **C**
Name of Employer Disney Cruise Line Occupation Chief Operating Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 16 / 2011
Transaction ID : **A7E87B9CF23684FF99EE**
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	25650.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

Full Name (Last, First, Middle Initial)

A. BERKLEY FOR SENATE

Mailing Address 3069 CONQUISTA COURT

City LAS VEGAS State NV Zip Code 89121

Purpose of Disbursement
NV US Senate

Candidate Name

Shelley Berkley

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2011

Transaction ID : BAB1175A8770041F8B21

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Bill Nelson for U.S. Senate

Mailing Address 500 RED SAIL WAY

City SATELITE BEACH State FL Zip Code 32937

Purpose of Disbursement
Refund Requested

Candidate Name

Sen. Bill Nelson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2011

Transaction ID : BFAA57E7F30CD4659916

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill Nelson for U.S. Senate

Mailing Address 500 RED SAIL WAY

City SATELITE BEACH State FL Zip Code 32937

Purpose of Disbursement
Refund Requested

Candidate Name

Sen. Bill Nelson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		13		2011

Transaction ID : B3513DDF393724C4D80F

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

Full Name (Last, First, Middle Initial)

A. Bill Shuster for Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
PA US House

Candidate Name
Rep. Bill Franklin Shuster

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: PA District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2011

Transaction ID : **B0699F4BED46E4933981**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bill Shuster for Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
PA US House

Candidate Name
Rep. Bill Franklin Shuster

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: PA District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : **BDFD34AD768E4469A866**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. CA/VV VICTORY FUND

Mailing Address 777 S FIGUEROA ST STE 4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2011 Primary General Other (specify) ▼
State: District: Other2011

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : **B8F257596F7C1469B808**

Amount of Each Disbursement this Period

2000.00

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

Full Name (Last, First, Middle Initial)

A. Cantor for Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
VA US House

Candidate Name
Rep. Eric Cantor

Office Sought: House
 Senate
 President
State: VA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2011

Transaction ID : BEC058EBC95444D6B36

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Mailing Address P.O. BOX 11091

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
TN US House

Candidate Name
Rep. Charles J Fleischmann

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2011

Transaction ID : B96B75FEF358F4229872

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Citizens for Tom Petri

Mailing Address PO Box 270

City Fond Du Lac State WI Zip Code 54936

Purpose of Disbursement
WI US House

Candidate Name
Rep. Tom E. Petri

Office Sought: House
 Senate
 President
State: WI District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2011

Transaction ID : B5A22B88AE6C245F1ABB

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

Full Name (Last, First, Middle Initial)

A. Citizens to Elect Rick Larsen

Mailing Address PO BOX 326

City State Zip Code
EVERETT WA 98206

Purpose of Disbursement
WA US House

Candidate Name
Rep. Rick Larsen

Office Sought: House
 Senate
 President
State: WA District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : B8C061E86D2A24CB1B62

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Coble for Congress

Mailing Address P.O. Box 1177

City State Zip Code
Greensboro NC 27402

Purpose of Disbursement
NC US House

Candidate Name
Rep. Howard Coble

Office Sought: House
 Senate
 President
State: NC District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2011

Transaction ID : B43CA3307F6514E889B7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DANPAC

Mailing Address 1088 Bishop Street
Suite 1009

City State Zip Code
Honolulu HI 96813

Purpose of Disbursement
PAC to PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Other2011

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : B4CFEB988C68E4E00ABA

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) **Other2011**

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2011

Transaction ID : B3CCE6126CE784279BC6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DUNCAN D. HUNTER FOR CONGRESS

Mailing Address 9340 FUERTE DRIVE SUITE 302

City LA MESA State CA Zip Code 91941

Purpose of Disbursement
CA US House

Candidate Name

Rep. Duncan D Hunter

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : B2F61BCFA0B264C95A43

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Duncan for Congress

Mailing Address PO Box 2646

City Knoxville State TN Zip Code 37901

Purpose of Disbursement
TN US House

Candidate Name

Rep. John J. Duncan Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : BB0461C549A3A404EA6B

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

A. Elton Gallegly for Congress

Mailing Address PO Box 94001

City State Zip Code
Simi Valley CA 93094

Purpose of Disbursement
CA US House

Candidate Name

Rep. Elton Gallegly

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2011

Transaction ID : BD5411050C7EE4960B5A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Corrine Brown

Mailing Address 3563 Carriage Walk Lane

City State Zip Code
Laurel MD 20724

Purpose of Disbursement
FL US House

Candidate Name

Rep. Corrine Brown

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 03

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2011

Transaction ID : B8B0F82A271074F52947

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Friends of Frank Wolf

Mailing Address P.O.Box 710235

City State Zip Code
Herndon VA 20171

Purpose of Disbursement
VA US House

Candidate Name

Rep. Frank R. Wolf

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2011

Transaction ID : B64A72C1EB8204296BB3

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
WA US Senate

Candidate Name
Sen. Maria Cantwell

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: WA District:

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2011

Transaction ID : BA4463DBA41E444BA9A0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
HI US Senate

Candidate Name
Mazie Hirono

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District:

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2011

Transaction ID : B962E246246CA499DBFD

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Gibbs for Congress

Mailing Address 6992 TR 466

City LAKEVILLE State OH Zip Code 44638

Purpose of Disbursement
OH US House

Candidate Name
Rep. Bob Gibbs

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District: 18

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2011

Transaction ID : B4D449FD13D2F42C7AEB

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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

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

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

Full Name (Last, First, Middle Initial)

A. Hastings for Congress

Mailing Address P.O. BOX 100277

City Fort Lauderdale State FL Zip Code 33310

Purpose of Disbursement
FL US House

Candidate Name
Rep. Alcee L. Hastings

Office Sought: House
 Senate
 President
State: FL District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : **BB4ECA575B98C4A1393F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LATHAM FOR CONGRESS

Mailing Address PO BOX 8237

City DES MOINES State IA Zip Code 50301

Purpose of Disbursement
IA US House

Candidate Name
Rep. Tom Latham

Office Sought: House
 Senate
 President
State: IA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : **BE67A5F1CC6454F48A46**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. LoBiondo for Congress

Mailing Address P.O. Box 775

City Marmora State NJ Zip Code 08223

Purpose of Disbursement
NJ US House

Candidate Name
Rep. Frank A. LoBiondo

Office Sought: House
 Senate
 President
State: NJ District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2011

Transaction ID : **B32F2EED128434A2C8E3**

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

Full Name (Last, First, Middle Initial)

A. Napolitano for Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
CA US House

Candidate Name
Rep. Grace F. Napolitano

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CA District: 38

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : **BA9E6525582E74456901**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SENATE CONSERVATIVES FUND

Mailing Address 228 S. Washington St., Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2011 Primary General Other (specify) ▼
State: District: Other2011

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2011

Transaction ID : **B2C5574B3CF324594816**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00

39000.00