

# 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.   
Cruise Lines International Association PAC (CLIA PAC)

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
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  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Michael McGarry

Signature of Treasurer Michael McGarry [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Cruise Lines International Association PAC (CLIA PAC)

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  |                         | 40721.09                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 43971.09                |                                   |
| (c) Total Receipts (from Line 19) .....  | 13500.00                | 39750.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 57471.09                | 80471.09                          |
| 7. Total Disbursements (from Line 31).....   | 11000.00                | 34000.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 46471.09                | 46471.09                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 11000.00                      | 30500.00                          |
| (ii) Unitemized .....   | 2500.00                       | 4250.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 13500.00                      | 34750.00                          |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 5000.00                           |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 13500.00                      | 39750.00                          |
| 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))..... ▶                        | 13500.00                      | 39750.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 13500.00                      | 39750.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 11000.00                      | 34000.00                          |
| 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)) ..      | 11000.00                      | 34000.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 11000.00                      | 34000.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 13500.00                      | 39750.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 13500.00                      | 39750.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ▶ | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶               | 0.00                          | 0.00                              |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 OF 12                 |
|   | <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             | <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 PAC (CLIA PAC)**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. David Bernstein</b>                      |                                      | Date of Receipt   |
| Mailing Address 12000 SW 90th Ave   |                                      | <input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> |
| City  | State                                | Zip Code  |
| Miami   | FL                                   | 33176-5105  |
| FEC ID number of contributing federal political committee.                                |                                      | <b>Transaction ID : ACC277170089E485C9A7</b>  |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> |                                      | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="1000.00"/>  |
| Name of Employer  | Occupation                           |   |
| Carnival Corporation  | CFO                                  |   |
| Receipt For:  | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                         | <input type="text" value="1000.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼  |                                      |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. James R. Border</b>                      |                                     | Date of Receipt   |
| Mailing Address 17828 NW 15th St  |                                     | <input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| Pembroke Pines  | FL                                  | 33029-3134  |
| FEC ID number of contributing federal political committee.                                |                                     | <b>Transaction ID : ADEA57D5C88CA4F4DB78</b>  |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="500.00"/>   |
| Name of Employer  | Occupation                          |   |
| Carnival Corporation  | Vice President                      |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                         | <input type="text" value="500.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼  |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Brian Brennan</b>                        |                                     | Date of Receipt   |
| Mailing Address 1600 Victoria Pointe Cir  |                                     | <input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| Weston  | FL                                  | 33327-1301  |
| FEC ID number of contributing federal political committee.                                |                                     | <b>Transaction ID : AB76013F264CA41C6814</b>  |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="250.00"/>   |
| Name of Employer  | Occupation                          |   |
| Carnival Corporation  | Senior Director                     |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                         | <input type="text" value="250.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼  |                                     |   |

|   |                                      |
|---|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <input type="text" value="1750.00"/> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <input type="text" value=""/>        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 7 OF 12  |
| <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 PAC (CLIA PAC)**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Alan B Buckelew</b>  |                                      | Date of Receipt   |
| Mailing Address 3212 Colby Ave  |                                      | <input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2014"/> |
| City  | State                                | Zip Code  |
| Los Angeles   | CA                                   | 90066-1324  |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                       |                                      | <b>Transaction ID : A6B6959D5611749F9BDE</b>  |
| Name of Employer<br>Carnival Corporation  |                                      | Amount of Each Receipt this Period  |
| Occupation<br>COO   |                                      | <input type="text" value="1000.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1000.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Stefan Christoffersson</b>                                     |                                     | Date of Receipt   |
| Mailing Address 729 Crystal Ct  |                                     | <input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| Weston  | FL                                  | 33326-2914  |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                       |                                     | <b>Transaction ID : AA47F9D4063A4485283C</b>  |
| Name of Employer<br>Carnival Cruise Lines   |                                     | Amount of Each Receipt this Period  |
| Occupation<br>VP On-board Guest Servc   |                                     | <input type="text" value="500.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="500.00"/> |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Victoria L. Freed</b>  |                                      | Date of Receipt   |
| Mailing Address 2677 Riviera Ct   |                                      | <input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2014"/> |
| City  | State                                | Zip Code  |
| Weston  | FL                                   | 33332-3420  |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                       |                                      | <b>Transaction ID : A9D8F77D581B74C14BBF</b>  |
| Name of Employer<br>Royal Caribbean Cruises   |                                      | Amount of Each Receipt this Period  |
| Occupation<br>Sr. Vice President Sales  |                                      | <input type="text" value="3000.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="3000.00"/> |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="4500.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 OF 12                 |
|   | <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             | <input type="checkbox"/> 17  |

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

**A. Dominick Froio Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 Seabay Rd  
 City Weston State FL Zip Code 33326-3330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carnival Cruise Lines Occupation Vice President Security Services  
 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  
 04 / 21 / 2014  
**Transaction ID : A6DA3D61CDC464FA18BF**  
 Amount of Each Receipt this Period  
 250.00

**B. John Harshaw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10623 SW 26th Ct  
 City Davie State FL Zip Code 33328-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carnival Cruise Lines Occupation Director IS Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2014  
**Transaction ID : AE246320F1B0E49E98C5**  
 Amount of Each Receipt this Period  
 500.00

**C. Michael H. Kaczmarek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1410 Lacosta Dr W  
 City Pembroke Pines State FL Zip Code 33027-2305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carnival Corporation Occupation Vice President Shipbuilding  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2014  
**Transaction ID : AF9E9846B1BC04AEBB04**  
 Amount of Each Receipt this Period  
 500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



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

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

FOR LINE NUMBER: PAGE 9 OF 12  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 8990 SW 83rd Street

City Miami State FL Zip Code 33173-4140

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 ▼ **500.00**

Date of Receipt: **04 / 20 / 2014**

Transaction ID : **A943901E4C9D349A7BC3**

Amount of Each Receipt this Period: **500.00**

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

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: **04 / 13 / 2014**

Transaction ID : **A9D26C896359E4784BF4**

Amount of Each Receipt this Period: **1000.00**

Full Name (Last, First, Middle Initial)  
**C. 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: Royal Caribbean Cruise Line Occupation: EVP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **04 / 19 / 2014**

Transaction ID : **A8A2EECF3DD404818BD4**

Amount of Each Receipt this Period: **500.00**

**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 10 OF 12  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Terry L. Thornton**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1000.00

Date of Receipt 04 / 21 / 2014  
**Transaction ID : AD0E2B2F3BDFD4349993**  
 Amount of Each Receipt this Period 1000.00

**B. Giovanni Zanotti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3655 NW 87th Ave  
 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 ▼ 500.00

Date of Receipt 04 / 15 / 2014  
**Transaction ID : A49D51AF2C02441B9826**  
 Amount of Each Receipt this Period 500.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 11000.00 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Campaign Comm**

Mailing Address 430 South Capitol St., SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution to Committee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) Other2014

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2014

Transaction ID : B4A841FF15F2B457AA8F

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Corrine Brown**

Mailing Address 3563 Carriage Walk Lane

City Laurel State MD Zip Code 20724-2052

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Corrine Brown**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2014

Transaction ID : B14C010C1F2F547A38D2

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Hastings for Congress**

Mailing Address P.O. BOX 100277

City Fort Lauderdale State FL Zip Code 33310

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Alcee L. Hastings**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2014

Transaction ID : B6E7C12D47FAD4FEE922

Amount of Each Disbursement this Period

1000.00

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

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

8000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. VERN PAC**

Mailing Address 22780 Indian Dreek Drive  
Suite 100

City Sterling State VA Zip Code 20166-6716

Purpose of Disbursement  
Contribution to PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2014

Transaction ID : B8B9E5134A67B4E9DADF

Amount of Each Disbursement this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / 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)..... ▶

3000.00

11000.00