

# 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 07 01 2009 through 12 31 2009

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 01 28 2010

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**

Write or Type Committee Name  
Cruise Lines International Association

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		18982.09
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	18171.09									
(c) Total Receipts (from Line 19) .....	20150.00	74339.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	38321.09	93321.09								
7. Total Disbursements (from Line 31) .....	26000.00	81000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	12321.09	12321.09								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Cruise Lines International Association

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	13900.00	61545.00
(ii) Unitemized .....	1250.00	7794.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	15150.00	69339.00
(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) .....	15150.00	69339.00
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 .....	5000.00	5000.00
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)) .....	20150.00	74339.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	20150.00	74339.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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	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.....	26000.00	81000.00
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))..	26000.00	81000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26000.00	81000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 20

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) .....	15150.00	69339.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15150.00	69339.00
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: (check only one)	PAGE 6 / 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	

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)  
Jo-Ann Arndt

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: Carnival Cruise Lines Occupation: Vice President, Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 20 / 2009

Transaction ID: A03591CE653F148A3B8B

Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ozer Balli

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: VP Hotel Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 28 / 2009

Transaction ID: AC6C55AB2B7B2444E8D7

Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Wayne Byers

Mailing Address 300 South Point Drive; #905

City Miami Beach State FL Zip Code 33139-7353

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

Name of Employer: Carnival Corporation Occupation: SR. VP Global HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 06 / 2009

Transaction ID: A7B387C164D0F4ADBB6F

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: (check only one)	PAGE 7 / 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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Webster Carolyn	Date of Receipt MM / DD / YYYY 07 / 20 / 2009
	Mailing Address 9850 Quail Cove Ct.	<b>Transaction ID:</b> AF5253CDBAB76467A88C
	City State Zip Code Windermere FL 34786-8012	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Disney Cruise Line Director Management & Medical Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Maria R. Del Busto	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 14808 SW 67th Lane	<b>Transaction ID:</b> AB91F18A87E9C4795BCB
	City State Zip Code Miami FL 33193-2026	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas M. Dow	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address 1818 Ontario Place , NW	<b>Transaction ID:</b> AB52A6302C5804800BCF
	City State Zip Code Washington DC 20009-2109	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Princess Cruises Vice President Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7570.00
<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 8 / 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

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)  
Victoria L. Freed

Mailing Address 2677 Riviera Ct

City State Zip Code  
Weston FL 33332-3420

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Royal Caribbean Cruises Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
07 / 29 / 2009

**Transaction ID:** A32F9BE1FA3DD4333907

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Patrick Gerrity

Mailing Address 8519 Redleaf Lane

City State Zip Code  
Orlando FL 32819-3927

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Disney Cruise Line VP Safty, Security and Environment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
07 / 29 / 2009

**Transaction ID:** A9EF569FC9A844EE5AAD

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Adam Goldstein

Mailing Address 4321 Santa Maria St

City State Zip Code  
Miami FL 33146-1126

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Royal Caribbean Cruises President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 20 / 2009

**Transaction ID:** AAB1D48A51C4C4870BF2

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: (check only one)	PAGE 9 / 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	

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)  
Laura C. Hall

Mailing Address 5321 Foxshire Ct.

City Orlando State FL Zip Code 32819-3824

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

Name of Employer Disney Cruise Line Occupation VP IT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2009  
**Transaction ID: A1E32B392FCEC446497B**  
 Amount of Each Receipt this Period 250.00

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

Mailing Address 9037 Shawn Park Place

City Orlando State FL Zip Code 32819-4830

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

Name of Employer Disney Cruise Line Occupation VP Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2009  
**Transaction ID: A8663987571A04A37AB6**  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Urry Jim

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 and Shore Excursions

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2009  
**Transaction ID: AF8C72CA4EDE840B3A28**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

**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 / 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

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)  
Eleni Kalisch

Mailing Address 6468 Manhasset Lane

City State Zip Code  
Alexandria VA 22312-2339

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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2009

**Transaction ID:** A186718570CAD435DA59

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Holz Karl

Mailing Address 6139 S. Hampshire Ct.

City State Zip Code  
Windermere FL 34786-5623

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

Name of Employer Occupation  
Disney Cruise Line President - New Vacation Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2009

**Transaction ID:** A0D2FA38C149E4702A2E

Amount of Each Receipt this Period  
1500.00

**C.**

Full Name (Last, First, Middle Initial)  
William Martin

Mailing Address 1251 Quail Ave

City State Zip Code  
Miami Springs FL 33166-3137

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

Name of Employer Occupation  
Royal Caribbean Cruises VP Trade Support & Srvc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2009

**Transaction ID:** A4B887ED58AD0403BA3B

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 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

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)  
Mike Park

Mailing Address 9081 NW 14th St

City State Zip Code  
Plantation FL 33322-4340

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

Name of Employer Occupation  
Carnival Corporation Director Planning & Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2009

**Transaction ID:** A3F5588851CE841A8B35

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Lourdes M. Pineda-Garcia

Mailing Address 11881 Ashford Lane

City State Zip Code  
Davie FL 33325-5237

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

Name of Employer Occupation  
Seabourn Cruise Line CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2009

**Transaction ID:** A231931343F8342AEBE2

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Rand

Mailing Address 1630 Cheyenne Trail

City State Zip Code  
Maitland FL 32751-4916

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

Name of Employer Occupation  
Disney Cruise Line Director Of Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2009

**Transaction ID:** ADABEA3E55FB149B6AB9

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

**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 / 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

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) Meredith Renard		Date of Receipt MM / DD / YYYY 07 / 29 / 2009
Mailing Address 8858 Great Cove Dr		<b>Transaction ID:</b> A1E9108F55CE6438D853
City Orlando	State Zip Code FL 32819-4100	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Disney Cruise Line	Occupation Director	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Bradley Stein		Date of Receipt MM / DD / YYYY 10 / 08 / 2009
Mailing Address 7220 SW 108th Terrace		<b>Transaction ID:</b> A7B531CC046764950993
City Miami	State Zip Code FL 33156-3852	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Royal Caribbean Cruises	Occupation VP General Counsel	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	13900.00

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

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

FOR LINE NUMBER: PAGE 13 / 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.** Full Name (Last, First, Middle Initial)  
Coble for Congress  
Mailing Address P.O. Box 1177  
City Greensboro State NC Zip Code 27402  
FEC ID number of contributing federal political committee. **C** C00198796  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 12 / 31 / 2009  
Transaction ID: AF8CBC17CE9C3480FAD0  
Amount of Each Receipt this Period 1000.00  
Voided Contribution

**B.** Full Name (Last, First, Middle Initial)  
Kay Bailey Hutchison for Senate Cmte  
Mailing Address PO Box 9190  
City Dallas State TX Zip Code 75209-9190  
FEC ID number of contributing federal political committee. **C** C00279273  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 12 / 09 / 2009  
Transaction ID: A660A17B1DD3A480EBE0  
Amount of Each Receipt this Period 1000.00  
Voided Contribution

**C.** Full Name (Last, First, Middle Initial)  
Klein for Congress  
Mailing Address 21301 Powerline Rd Ste 204  
City Boca Raton State FL Zip Code 33433-2390  
FEC ID number of contributing federal political committee. **C** C00410522  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 12 / 31 / 2009  
Transaction ID: A22107E107FED4DF089D  
Amount of Each Receipt this Period 1000.00  
Voided Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 20
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" 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)  
Lisa Murkowski for US Senate

Mailing Address PO BOX 100847

City ANCHORAGE State AK Zip Code 99510

FEC ID number of contributing federal political committee. **C** C00384529

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** AB138F046C0E64FFAAB1  
 Amount of Each Receipt this Period: 1000.00  
 Voiced Contribution

**B.** Full Name (Last, First, Middle Initial)  
TIM MAHONEY FOR FLORIDA

Mailing Address 4114 Northlake Blvd Ste 300

City Palm Beach Gardens State FL Zip Code 33410-6281

FEC ID number of contributing federal political committee. **C** C00416016

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** ABA901BA3A6F04B2EBEF  
 Amount of Each Receipt this Period: 1000.00  
 Voiced Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	5000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 20

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<b>A.</b> Full Name (Last, First, Middle Initial) Bill Shuster for Congress <hr/> Mailing Address PO Box 27 <hr/> City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement PA - 09 U.S. House Candidate Name Rep. Bill Franklin Shuster Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B404728B6A6AB4AF3A96 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) BRIDGE PAC <hr/> Mailing Address 817 Ninth Avenue, Second Floor PO Box 1021 <hr/> City Menominee State MI Zip Code 49858 Purpose of Disbursement PAC to PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF0ED153B24EE408AA52 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Arlen Specter <hr/> Mailing Address 426 C St., NE Carriage House <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement PA - US Senate Candidate Name Sen. Arlen Specter Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2E5A8FA9DE4F4A8A991 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Crowley for Congress <hr/> Mailing Address 84-56 Grand Avenue <hr/> City Elmhurst State NY Zip Code 11373 <hr/> Purpose of Disbursement NY-7 US House Candidate Name Rep. Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE51F0AAB92AE4FFBADC Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2009
	Amount of Each Disbursement this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Demint for Senate Committee, Inc. <hr/> Mailing Address P.O. Box 12425 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement Political Contribution Candidate Name Sen. Jim DeMint Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B364FA3C25D03479A816 Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2009
	Amount of Each Disbursement this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Corrine Brown <hr/> Mailing Address 3563 Carriage Walk Lane <hr/> City Laurel State MD Zip Code 20724 <hr/> Purpose of Disbursement Candidate Name Rep. Corrine Brown Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9E4F41177D674A74824 Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2009
	Amount of Each Disbursement this Period 5000.00

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

7000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hastings for Congress</p> <p>Mailing Address P.O. BOX 100277</p> <p>City Fort Lauderdale State FL Zip Code 33310</p> <p>Purpose of Disbursement FL-23 US House</p> <p>Candidate Name Rep. Alcee L. Hastings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B71BFCBE0A9764622976</p> <p>Date of Disbursement 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John D. Dingell for Congress</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement MI - 15 US House</p> <p>Candidate Name Rep. 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B027319D9476E45A1B2D</p> <p>Date of Disbursement 12 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kendrick Meek for Congress</p> <p>Mailing Address 111 NW 183rd Street Suite 325</p> <p>City Miami State FL Zip Code 33169</p> <p>Purpose of Disbursement FL US House</p> <p>Candidate Name Rep. Kendrick B. Meek</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCA56BA98349A43CA95F</p> <p>Date of Disbursement 12 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p>

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

6000.00

**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 18 / 20

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<b>A.</b> Full Name (Last, First, Middle Initial) Majority in Congress PAC <hr/> Mailing Address 601 N Ferncreek Ave Suite 200 <hr/> City Orlando State FL Zip Code 32803 <hr/> Purpose of Disbursement PAC to PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B16B89AF306AC417B9CA Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 3000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Michaud for Congress <hr/> Mailing Address 213 Lisbon St <hr/> City Lewiston State ME Zip Code 04240 <hr/> Purpose of Disbursement ME-02 US House Candidate Name Rep. Mike Michaud <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA581B4132E9C40BABFA Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) People for Patty Murray <hr/> Mailing Address P.O. Box 3662 <hr/> City Seattle State WA Zip Code 98124 <hr/> Purpose of Disbursement WA - US Senate Candidate Name Sen. Patty Murray <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4AEA9A9C39E54DB8BCA Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ros-Lehtinen for Congress <hr/> Mailing Address PO Box 52-2784 <hr/> City Miami State FL Zip Code 33152 <hr/> Purpose of Disbursement FL-18 US House <hr/> Candidate Name Rep. Ileana Ros-Lehtinen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B93B902637CE84BF9AED Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Serrano for Congress <hr/> Mailing Address PO Box 5577; Manhattanville Statio <hr/> City New York State NY Zip Code 10027 <hr/> Purpose of Disbursement NY-16 US House <hr/> Candidate Name Sen. Jose E. Serrano <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 16 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8BB32CB486D44D17845 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) The Markey Committee <hr/> Mailing Address PO Box 526 <hr/> City Medford State MA Zip Code 02155-0006 <hr/> Purpose of Disbursement MA-7 US House <hr/> Candidate Name Rep. Ed J. Markey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9864BA32976A4360AE4 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

A.	Full Name (Last, First, Middle Initial) Wyden For Senate		Transaction ID: BA98522B108354607BBF	
	Mailing Address 2911 NE Hancock St		Date of Disbursement 11 / 30 / 2009	
	City Portland	State OR	Zip Code 97212	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Political Contribution		Category/ Type	
	Candidate Name Sen. Ron Wyden			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: OR	District:		

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

2000.00

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

26000.00