

# 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 (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 05 20 2010 through 06 30 2010

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 08 11 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	5

D	D
2	0

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		12321.09
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	25898.09									
(c) Total Receipts (from Line 19) .....	12020.00	53597.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	37918.09	65918.09								
7. Total Disbursements (from Line 31) .....	17500.00	45500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	20418.09	20418.09								
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	5

D	D
2	0

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	9750.00	48000.00
(ii) Unitemized .....	2270.00	5597.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12020.00	53597.00
(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) .....	12020.00	53597.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12020.00	53597.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12020.00	53597.00

**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.....	17500.00	45500.00
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))..	17500.00	45500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17500.00	45500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 16

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) .....	12020.00	53597.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12020.00	53597.00
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 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<b>A.</b>	Full Name (Last, First, Middle Initial) Jo-Ann Arndt		Date of Receipt
	Mailing Address 5212 Overview Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 27 / 2010
	City	State	Zip Code
	Orlando	FL	32819-3853
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A1B09DE5B5FD24E7E996
Name of Employer Disney Cruise Lines		Occupation Vice President Shoreside Travel Operat	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	Political Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Ozer Balli		Date of Receipt
	Mailing Address 14621 Isle View Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 27 / 2010
	City	State	Zip Code
	Winter Garden	FL	34787-6203
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> AC67D96A0093B4089900
Name of Employer Disney Cruise Line		Occupation VP Hotel Operations	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	Political Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Borden		Date of Receipt
	Mailing Address 520 West Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 27 / 2010
	City	State	Zip Code
	Miami Beach	FL	33139-5162
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A5DBB354EECDD4FA5A81
Name of Employer Carnival Cruise Lines		Occupation Vice President Customer Marketing	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 7 / 16
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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<b>A.</b>	Full Name (Last, First, Middle Initial) Pamela C. Conover	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 450 W. Matheson Dr	<b>Transaction ID:</b> A549304AA23A54D91A5E
	City State Zip Code Key Biscayne FL 33149-1725	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Carnival Corporation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rodney C. Dofort	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 3115 Maple Ln	<b>Transaction ID:</b> A911667057DB8402E84B
	City State Zip Code Davie FL 33328-6715	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer Occupation Carnival Corporation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter Fetten	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 12150 NW 4th Street	<b>Transaction ID:</b> ADAFCC9779F7440C1991
	City State Zip Code Plantation FL 33325-2422	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Carnival Corporation SUP-Ship Refit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3100.00
<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 / 16  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

**A.**

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

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 Safety, Security and Environment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 27 / 2010  
**Transaction ID:** AE4ED99590E3D41B7BA9  
 Amount of Each Receipt this Period 300.00  
 Political Contribution

**B.**

Full Name (Last, First, Middle Initial)  
James Heaney

Mailing Address 905 Jasmine Street

City Kissimmee State FL Zip Code 34747-4618

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

Name of Employer Disney Cruise Line Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 27 / 2010  
**Transaction ID:** ACEB2CAABCF6B450EA27  
 Amount of Each Receipt this Period 300.00  
 Political Contribution

**C.**

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

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 Disney Cruise Line Occupation President - New Vacation Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 27 / 2010  
**Transaction ID:** A2C35A3B7D5944AEB861  
 Amount of Each Receipt this Period 1500.00  
 Political Contribution

**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 9 / 16

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

**A.**

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

Mailing Address 10220 SW 58 Ct

City State Zip Code  
Miami FL 33156-4145

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Carnival Cruise Lines VP General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 05 / 27 / 2010

**Transaction ID:** AA48B67952D3E4AEF849

Amount of Each Receipt this Period 800.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Melanie Pipkin

Mailing Address 309 Crisan Ct

City State Zip Code  
Orlando FL 32824-6071

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Disney Cruise Line Director It

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2010

**Transaction ID:** A49D2B1E467804DBB958

Amount of Each Receipt this Period 250.00

Political Contribution

**C.**

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

Mailing Address 8858 Great Cove Dr

City State Zip Code  
Orlando FL 32819-4100

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Disney Cruise Line Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2010

**Transaction ID:** ABD20DFF2FAA84536934

Amount of Each Receipt this Period 250.00

Political Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 1300.00

**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 / 16  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

**A.**

Full Name (Last, First, Middle Initial)  
Doug Seagle

Mailing Address 1352 Waterside Drive

City State Zip Code  
Dallas TX 75218-4490

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

Name of Employer Occupation  
Seabourn Cruise Line Vice President of Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2010

**Transaction ID:** A144E8727B4504BCEBE2

Amount of Each Receipt this Period  
500.00

Political Contribution

**B.**

Full Name (Last, First, Middle Initial)  
James Stockton

Mailing Address 165 W. Fawsett Road

City State Zip Code  
Winter Park FL 32789-6015

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

Name of Employer Occupation  
Disney Cruise Line Executive Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2010

**Transaction ID:** A7BC7AAB6D0BB448BB0B

Amount of Each Receipt this Period  
250.00

Political Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Bert Swets

Mailing Address 8040 Solitaire Ct

City State Zip Code  
Orlando FL 32836-6044

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

Name of Employer Occupation  
Disney Cruise Line Director, Marine & Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2010

**Transaction ID:** A90BE3BEEB78C495880A

Amount of Each Receipt this Period  
250.00

Political Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

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

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<b>A.</b>	Full Name (Last, First, Middle Initial) Jim Urry	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 1230 Wright Circle # 310	<b>Transaction ID:</b> A8056BA4AE83D4A45B55
	City State Zip Code Kissimmee FL 34747-4077	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Political Contribution
	Name of Employer Occupation Disney Cruise Line VP Entertainment and Shore Excursions	
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) James Van Langen	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 4738 NW 97th Ct	<b>Transaction ID:</b> AA4476D38261E4A15AFB
	City State Zip Code Doral FL 33178-1977	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Carnival Corporation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carolyn Webster	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 9850 Quail Cove Ct.	<b>Transaction ID:</b> A4E12BA08C745424B88A
	City State Zip Code Windermere FL 34786-8012	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Political Contribution
	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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<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 12 / 16	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<b>A.</b>	Full Name (Last, First, Middle Initial) Tom Wolber		Date of Receipt																					
	Mailing Address 1729 Windermere down Place		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	7		2	0	1	0														
	City	State	Zip Code	<b>Transaction ID:</b> A7123EE4D2D6D4D72AB7																				
	Windermere	FL	34786-8023	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	500.00																					
Name of Employer Disney Cruise Line		Occupation Chief Operating Officer	Political Contribution																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	500.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	9750.00

**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 13 / 16

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

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Arlen Specter</p> <p>Mailing Address 426 C St., NE Carriage House</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Voided check number 1306</p> <p>Candidate Name Sen. Arlen Specter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B74043034B5A6463A8A0</p> <p>Date of Disbursement 05 / 31 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Coble for Congress</p> <p>Mailing Address P.O. Box 1177</p> <p>City Greensboro State NC Zip Code 27402</p> <p>Purpose of Disbursement NC US House</p> <p>Candidate Name Rep. Howard Coble</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B0CAD30ED75794C40AFD</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Congressman Bill Young for Congress</p> <p>Mailing Address PO Box 103</p> <p>City Alexandria State VA Zip Code 22210</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Rep. Bill Young</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10</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> B77CCAA23DB25475ABA3</p> <p>Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>1000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p> </p>

**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

<b>A.</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 <hr/> Candidate Name Sen. Jim DeMint <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBDD2D82F5664117AFD Date of Disbursement 06 / 24 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Comm <hr/> Mailing Address 430 South Capitol St., SE 2nd Floor <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B0D0F3BCB9A5C4DBCAC6 Date of Disbursement 06 / 29 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Eddie Bernice Johnson for Congress <hr/> Mailing Address 3102 Maple Avenue Suite 605 <hr/> City Dallas State TX Zip Code 75201 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name Rep. Eddie Bernice Johnson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B30FC3A6BEA3E4F6D9C0 Date of Disbursement 06 / 29 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<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 15 / 16

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

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<b>A.</b> Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC) <hr/> Mailing Address 25 East Main Street, Suite 200 <hr/> City Richmond State VA Zip Code 23219 <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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010	Transaction ID: BCEB88186EE6D428F924 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Barbara Boxer <hr/> Mailing Address PO BOX 641751 <hr/> City Los Angeles State CA Zip Code 90064 <hr/> Purpose of Disbursement Political Contribution Candidate Name Sen. Barbara Boxer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B61CEA287FE3E48F2BC5 Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type
<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 Political Contribution 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: BA4598AC055364C15B20 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<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 16 / 16

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

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

A.

Full Name (Last, First, Middle Initial)  
Rangel for Congress

Transaction ID: B28EAAD374E954FFCA23  
Date of Disbursement

Mailing Address P.O. Box 5577

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

City State Zip Code  
MANHATTANVILLE St NY 10027

Amount of Each Disbursement this Period

3000.00
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Purpose of Disbursement  
Political Contribution

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Category/  
Type

Candidate Name  
Rep. Charles B. Rangel

Office Sought:  House  
 Senate  
 President  
State: NY District: 15

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

3000.00
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TOTAL This Period (last page this line number only) ..... ►

17500.00
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