

**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"/> 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) Jim Urry		Date of Receipt 05 / 27 / 2010		
	Mailing Address 1230 Wright Circle # 310		<b>Transaction ID:</b> A8056BA4AE83D4A45B55		
	City Kissimmee	State FL	Zip Code 34747-4077	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Political Contribution		
	Name of Employer Disney Cruise Line	Occupation VP Entertainment and Shore Excursions		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Van Langen		Date of Receipt 05 / 27 / 2010		
	Mailing Address 4738 NW 97th Ct		<b>Transaction ID:</b> AA4476D38261E4A15AFB		
	City Doral	State FL	Zip Code 33178-1977	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Carnival Corporation	Occupation Vice President		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carolyn Webster		Date of Receipt 05 / 27 / 2010		
	Mailing Address 9850 Quail Cove Ct.		<b>Transaction ID:</b> A4E12BA08C745424B88A		
	City Windermere	State FL	Zip Code 34786-8012	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Political Contribution		
	Name of Employer Disney Cruise Line	Occupation Director Management & Medical Service		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) .....	