

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 01 01 2009 through 06 30 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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	18982.09									
(c) Total Receipts (from Line 19)	54189.00	54189.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73171.09	73171.09								
7. Total Disbursements (from Line 31)	55000.00	55000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18171.09	18171.09								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Cruise Lines International Association

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	47645.00	47645.00
(ii) Unitemized	6544.00	6544.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	54189.00	54189.00
(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)	54189.00	54189.00
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))	54189.00	54189.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	54189.00	54189.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	55000.00	55000.00
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))..	55000.00	55000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55000.00	55000.00

DETAILED SUMMARY PAGE
of Disbursements

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)	54189.00	54189.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54189.00	54189.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 36
(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)
Richard D. Ames
Mailing Address 1082 Deerwood Ln
City Weston State FL Zip Code 33326-2848
FEC ID number of contributing federal political committee. **C**
Name of Employer Carnival Corporation Occupation Senior Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 03 / 2009
Transaction ID: AD24821340B104FAB933
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Micky Arison
Mailing Address 999 Collins Ave
City Bal Harbour State FL Zip Code 33134
FEC ID number of contributing federal political committee. **C**
Name of Employer Carnival Corporation Occupation Chairman & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 04 / 03 / 2009
Transaction ID: AEB364EF1153F400D8F1
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Christine Arnholt
Mailing Address 649 Curtiswood Dr
City Key Biscayne State FL Zip Code 33149-2001
FEC ID number of contributing federal political committee. **C**
Name of Employer Carnival Cruise Lines Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 06 / 29 / 2009
Transaction ID: A42370D056EB6458C941
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 6000.00
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 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

A. Full Name (Last, First, Middle Initial)
John Ashmore

Mailing Address 16885 SW 6 St

City State Zip Code
Pembroke Pines FL 33027-1025

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

Name of Employer Occupation
Carnival Cruise Lines Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: AF2B0CE3DE65C4F0586B

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert W. Beh

Mailing Address 11790 S. w 24th St

City State Zip Code
Davie FL 33325-5213

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

Name of Employer Occupation
Carnival Cruise Lines VP Security/surveillance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: A507C49D3A14049769F1

Amount of Each Receipt this Period
425.00

C. Full Name (Last, First, Middle Initial)
Robert Bender

Mailing Address 1610 NE 105th St

City State Zip Code
Miami Shores FL 33138-2118

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

Name of Employer Occupation
Carnival Corporation Marketing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: A9A06F95B5B8B43E884D

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **925.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 36
(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

A. Full Name (Last, First, Middle Initial)
David Bernstein

Mailing Address 12000 S. w 90th Ave

City Miami State FL Zip Code 33176-5105

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

Name of Employer Carnival Corporation Occupation Sr. Vice President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 24 / 2009
Transaction ID: AC2377B25CDE94119B4D
 Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
Roger Blum

Mailing Address 363 South Hibiscus Dr

City Miami State FL Zip Code 33139-5177

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

Name of Employer Carnival Cruise Lines Occupation VP Cruise Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 03 / 2009
Transaction ID: A5BC50620E79642478F5
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Brian Brennan

Mailing Address 1600 Victoria Pointe Circle

City Weston State FL Zip Code 33327-1301

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 ▼ 250.00

Date of Receipt 04 / 03 / 2009
Transaction ID: AFF247DB18AAA493CB53
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 5500.00

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 / 36
(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)
Gerald R. Cahill

Mailing Address 14641 Mustang Trail

City State Zip Code
Southwest Ranches FL 33330-3528

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

Name of Employer Occupation
Carnival Corporation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: AB56A38F5BFF544D4901

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Jose L. Campo

Mailing Address 11565 S. w 96th Terrace

City State Zip Code
Miami FL 33176-2567

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

Name of Employer Occupation
Carnival Cruise Lines VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: AA555C7E191B2446B941

Amount of Each Receipt this Period
330.00

C.

Full Name (Last, First, Middle Initial)
Pamela C. Conover

Mailing Address 450 W. Matheson Dr

City State Zip Code
Key Biscayne FL 33149-1725

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

Name of Employer Occupation
Carnival Corporation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: A08748AF2D33E4AA88B7

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **7330.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

A.	Full Name (Last, First, Middle Initial) Terry Dale	Date of Receipt
	Mailing Address 1830 South Ocean Drive, Apt 3503	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2009
	City State Zip Code Hallandale Beach FL 33009-7712	Transaction ID: A555FC253670045DA948
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 5000.00
	Name of Employer Occupation Cruise Lines International Ass President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 5000.00	

B.	Full Name (Last, First, Middle Initial) Jose Delgado	Date of Receipt
	Mailing Address 10875 SW 56th St	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 24 / 2009
	City State Zip Code Miami FL 33165-6916	Transaction ID: A5D1AEE910BC54828AF5
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 235.00
	Name of Employer Occupation Carnival Corporation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 235.00	

C.	Full Name (Last, First, Middle Initial) Rodney C. Dofort	Date of Receipt
	Mailing Address 3115 Maple Ln	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 29 / 2009
	City State Zip Code Davie FL 33328-6715	Transaction ID: ADF8BB39889CA440EA5D
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
	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 ▼ <input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5735.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Douglas F. Eney	Date of Receipt MM / DD / YYYY 04 / 22 / 2009
	Mailing Address 317 Palm St	Transaction ID: AED8142D2B7A54A7DAD0
	City State Zip Code Hollywood FL 33019-4505	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carnival Cruise Lines VP, Systems & Tech.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Enrico Ferri	Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address 4310 NE 16th Ave	Transaction ID: A7F52D68BBBFF41BD9A6
	City State Zip Code Oakland Park FL 33334-5532	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carnival Corporation Director, Safety Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Howard Frank	Date of Receipt MM / DD / YYYY 03 / 24 / 2009
	Mailing Address 445 Grand Bay Dr	Transaction ID: A920D637C60B647909C8
	City State Zip Code Key Biscayne FL 33149-1905	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carnival Corporation Vice Chairman & Coo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	5860.00
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 / 36
(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)
Charles Fuchs

Mailing Address 19254 S. Gardenia Ave

City State Zip Code
Weston FL 33332-4404

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

Name of Employer Occupation
Carnival Corporation Manager, Tech. Audit Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: AF5C24A8FA4DD4859B33

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Timothy Gallagher

Mailing Address 1429 Urbino Ave

City State Zip Code
Miami FL 33146-1927

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

Name of Employer Occupation
Carnival Cruise Lines VP Public Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2009

Transaction ID: AC6AC6205953D40FC8A7

Amount of Each Receipt this Period
350.00

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

Mailing Address 4201 SW 101st Ave

City State Zip Code
Davie FL 33328-2235

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

Name of Employer Occupation
Carnival Cruise Lines Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2009

Transaction ID: A357B45D129AE4EEFA9C

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 13 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

A.	Full Name (Last, First, Middle Initial) Bruce C. Good	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 1020 Belaire Dr West	Transaction ID: A03C834B72D08487EA3F
	City State Zip Code Pembroke Pines FL 33027-2218	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Seabourn Cruise Line Director Public Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) John Harshaw	Date of Receipt MM / DD / YYYY 06 / 29 / 2009
	Mailing Address 10623 SW 26 Ct	Transaction ID: AE0D16E438FC84DDDABB
	City State Zip Code Davie FL 33328-1018	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carnival Cruise Lines Director It	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Rolf Hensche	Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address 507 Sevilla Ave	Transaction ID: A6C538EC1459B4775B09
	City State Zip Code Coral Gables FL 33134-5714	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carnival Corporation Director F+ B Sourcing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	975.00
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 14 / 36
	<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) Roberta Jacoby		Date of Receipt MM / DD / YYYY 06 / 08 / 2009
Mailing Address 4958 SW 88th St		Transaction ID: ADE4E203658C94008B26
City Coral Gables	State Zip Code FL 33156-2232	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carnival Cruise Lines	Occupation 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.

Full Name (Last, First, Middle Initial) Paul S. Jarvis		Date of Receipt MM / DD / YYYY 04 / 03 / 2009
Mailing Address 4355 Dogwood Circle		Transaction ID: A8722985289B54200ACD
City Weston	State Zip Code FL 33331-5004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carnival Corporation	Occupation Director Casino	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Michael H. Kaczmarek		Date of Receipt MM / DD / YYYY 03 / 24 / 2009
Mailing Address 1410 Lacosta Drive		Transaction ID: A15ED0A5774C84A1B97D
City Hollywood	State Zip Code FL 33027	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer Carnival Corporation	Occupation VP Shipbuilder	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
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 15 / 36
(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)
Cyrus Marfatia

Mailing Address 17471 S. w 33rd St

City Miramar State FL Zip Code 33029-1695

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

Name of Employer Carnival Cruise Lines Occupation VP Food & Beverage

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 08 / 2009

Transaction ID: A36D879FCF76A4B29BC9

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
John Meszaros

Mailing Address 2301 Collins Avenue, #1510

City Miami State FL Zip Code 33139-1630

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

Name of Employer Carnival Corporation Occupation VP, Supply Chain Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 08 / 2009

Transaction ID: AF6AE7F306B3542A7B88

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Natko Nincevic

Mailing Address 731 Leigh Palm Avenue

City Plantation State FL Zip Code 33324-8252

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

Name of Employer Carnival Cruise Lines Occupation Vice President/general Mgr.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 06 / 08 / 2009

Transaction ID: AE2404B630DA34B65857

Amount of Each Receipt this Period 1100.00

SUBTOTAL of Receipts This Page (optional) ► 2350.00

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 16 / 36
	<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) Mark L Novell	Date of Receipt MM / DD / YYYY 03 / 24 / 2009
	Mailing Address 6410 NW 106 Terrace	Transaction ID: AF0E94FF588BA4354B5B
	City State Zip Code Parkland FL 33076-3767	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carnival Corporation	Occupation Asst. Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) James O'Hare	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 3973 WE 140th Ave.	Transaction ID: A2CA65B88A57C429398D
	City State Zip Code Fort Lauderdale FL 33330	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carnival Corporation	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Chen Peng	Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address 7770 SW 122 St	Transaction ID: AEBCB8DB341034CFD8B3
	City State Zip Code Coral Gables FL 33156-5225	Amount of Each Receipt this Period 220.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carnival Corporation	Occupation Manager, Financial Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	970.00
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 17 / 36
(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 Miami State FL Zip Code 33156-4145

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

Name of Employer Carnival Cruise Lines Occupation VP General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 08 / 2009
Transaction ID: A890B8B2E645B4095BEB
 Amount of Each Receipt this Period: 650.00

B.

Full Name (Last, First, Middle Initial)
Maria Victoria Rey

Mailing Address 6771 Parkinsonia Dr

City Miami Lakes State FL Zip Code 33014-2649

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

Name of Employer Carnival Cruise Lines Occupation VP - Guest Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 24 / 2009
Transaction ID: AE9B5C2249B8743E58BE
 Amount of Each Receipt this Period: 350.00

C.

Full Name (Last, First, Middle Initial)
Umberto Sampiero

Mailing Address 10921 NW 18th Ct

City Plantation State FL Zip Code 33322-3410

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

Name of Employer Carnival Cruise Lines Occupation VP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 29 / 2009
Transaction ID: ABB5B4A168C6F4E3C8E6
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 36
(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)
Joan Sanchez

Mailing Address 2777 Oakbrook Ln

City State Zip Code
Weston FL 33332-3406

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

Name of Employer Occupation
Carnival Cruise Lines VP Group Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2009

Transaction ID: AC2A2377FCEC449DAB81

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Rafael Sanchez

Mailing Address 1024 Castile Ave

City State Zip Code
Coral Gables FL 33134-4740

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

Name of Employer Occupation
Carnival Corporation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: AA332D45B5BAE4F18AC7

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Douglas R. Santoni

Mailing Address 4100 El Prado Blvd

City State Zip Code
Miami FL 33133-6312

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

Name of Employer Occupation
Royal Caribbean Cruises VP Revenue Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: A54222C83CDAF4619820

Amount of Each Receipt this Period
500.00

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 19 / 36
(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)
Barbara Shrut

Mailing Address 436 Bargello Ave

City State Zip Code
Coral Gables FL 33146-2802

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

Name of Employer Occupation
Royal Caribbean Cruises VP Finance + Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: A9CAB70866B1F4697A37

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mary C. Sloan

Mailing Address 4172 Douglas Rd

City State Zip Code
Coconut Grove FL 33133-6852

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

Name of Employer Occupation
Carnival Corporation VP, Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: AD79AC0A8FCB34241AE0

Amount of Each Receipt this Period
525.00

C.

Full Name (Last, First, Middle Initial)
Ian Smith

Mailing Address 6430 NW 50th St

City State Zip Code
Lauderhill FL 33319-7252

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

Name of Employer Occupation
Carnival Cruise Lines VP Hotel Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: AFDF372023F6E407D8C2

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1325.00**

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 20 / 36
	<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) Lourdes Suarez	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 2475 Brickell Avenue, Apt 2205	Transaction ID: A6186BAC6A17D4072925
	City State Zip Code Miami FL 33129-2483	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carnival Corporation Assistant Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Terry L. Thornton	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 6901 SW 136th St	Transaction ID: AA0B5710944664D20972
	City State Zip Code Miami FL 33156-6970	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carnival Cruise Lines Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Lynn Torrent	Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address 2100 N. Ocean Blvd #1102	Transaction ID: AD90600DCD06246D0B89
	City State Zip Code Fort Lauderdale FL 33305-1942	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carnival Corporation Vice President, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
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 21 / 36
	<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)
Larry Trailer

Mailing Address 140 Bonaventure Blvd , Apt 204

City Weston State FL Zip Code 33326-1456

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 ▼ 225.00

Date of Receipt 06 / 08 / 2009

Transaction ID: A8A6E09DDB0D34B8E992

Amount of Each Receipt this Period 225.00

B. Full Name (Last, First, Middle Initial)
James Van Langen

Mailing Address 4738 NW 97th Ct

City Doral State FL Zip Code 33178-1977

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

Name of Employer Carnival Corporation Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2009

Transaction ID: A88AD9D56005B44A89F7

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Paul T. Weber

Mailing Address 3633 Heron Ridge Ln

City Weston State FL Zip Code 33331-3708

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

Name of Employer Carnival Corporation Occupation Vice President, Tech Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 24 / 2009

Transaction ID: A71AA0744F4944CB58E6

Amount of Each Receipt this Period 700.00

SUBTOTAL of Receipts This Page (optional) ► 1175.00

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 22 / 36
(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)
Cherie Weinstein

Mailing Address 15701 SW 83 Ave

City State Zip Code
Village Of Palmett FL 33157-2252

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

Name of Employer Occupation
Carnival Cruise Lines VP Group Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: A06C4B1E6F2824A16B7F

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Travis Winslow

Mailing Address 10230 Grove Ln

City State Zip Code
Cooper City FL 33328-4006

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

Name of Employer Occupation
Carnival Corporation Director Maritime Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: ABBFB3F057B284A56822

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Brenda Yester

Mailing Address 14390 Stirling Rd

City State Zip Code
Southwest Ranches FL 33330-2904

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

Name of Employer Occupation
Carnival Cruise Lines VP Revenue Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: A5C7C07E990E74124A12

Amount of Each Receipt this Period
500.00

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 23 / 36
(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)
Giovanni Zanotti

Mailing Address 3655 NW 87th Avenue

City State Zip Code
Doral FL 33178-2418

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

Name of Employer Occupation
Carnival Corporation VP, Strategic Sourcing

Receipt For:
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: AF353744BF99849ACA00

Amount of Each Receipt this Period
500.00

Aggregate Year-to-Date ▼
500.00

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	47645.00

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Big Tent PAC</p> <p>Mailing Address 1155 21st Street, NW Suite 200</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement PAC to PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3FB90B699E56464CBAF</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bill Nelson for US Senate</p> <p>Mailing Address c/o Mayor Alex Penelas 111 NW First Street Suite 220</p> <p>City Miami State FL Zip Code 33128</p> <p>Purpose of Disbursement FL - US Senate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BEDC19875F7414C169B6</p> <p>Date of Disbursement 05 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bill Shuster for Congress</p> <p>Mailing Address PO Box 27</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement PA-09 US House</p> <p>Candidate Name Rep. Bill Franklin Shuster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B11A78746BDAA46E4A96</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

<p>A. Full Name (Last, First, Middle Initial) Cantor for Congress</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement VA-07 US House</p> <p>Candidate Name Rep. Eric Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B81F38BDCB49442C8A7D</p> <p>Date of Disbursement 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Capuano for Congress</p> <p>Mailing Address P.O. Box 440305</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement MA-08 US House</p> <p>Candidate Name Rep. Michael E. Capuano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDBD47515E5FA415C96D</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Capuano for Congress</p> <p>Mailing Address P.O. Box 440305</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement MA-08 US House</p> <p>Candidate Name Rep. Michael E. Capuano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9324847FA10741F1903</p> <p>Date of Disbursement 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

<p>A. Full Name (Last, First, Middle Initial) Castor for Congress</p> <p>Mailing Address 301 W. Platt Street #385</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement FL-11 US House</p> <p>Candidate Name Rep. Kathy Castor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0E47E02848DD40C1B98</p> <p>Date of Disbursement 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>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-06 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF7209B19593049FC808</p> <p>Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Cummings for Congress Campaign Committee</p> <p>Mailing Address PO BOX 1631</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement MD - 07 US House</p> <p>Candidate Name Rep. Elijah E. Cummings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B466EACEF984A49CE925</p> <p>Date of Disbursement 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

<p>A. Full Name (Last, First, Middle Initial) Defazio for Congress</p> <p>Mailing Address PO Box 1316</p> <p>City Springfield State OR Zip Code 97477</p> <p>Purpose of Disbursement OR-04 US House</p> <p>Candidate Name Rep. Peter DeFazio</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF92A66971C854D3E964</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Comm</p> <p>Mailing Address 430 South Capitol St., SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement PAC to PPC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2009</p>	<p>Transaction ID: B05DEBD47314E41409A1</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement PAC to PPC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2009</p>	<p>Transaction ID: B1CA24B7F8C474309BEB</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2000.00</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)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

A. Full Name (Last, First, Middle Initial) Duncan for Congress <hr/> Mailing Address PO Box 2646 <hr/> City Knoxville State TN Zip Code 37901 <hr/> Purpose of Disbursement TN-02 US House <hr/> Candidate Name Rep. John J. Duncan, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6B79686FFB754E689E0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Ensign for Senate <hr/> Mailing Address 9904 Glenrock Drive <hr/> City Las Vegas State NV Zip Code 89134 <hr/> Purpose of Disbursement NV US Senate <hr/> Candidate Name Sen. John Ensign <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFA4E624DD15944369B0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Friends for Harry Reid <hr/> Mailing Address 422 C Street, NE Lower level <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement NV - US Senate <hr/> Candidate Name Sen. Harry Reid <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBD269904C8DE424C896 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

<p>A. Full Name (Last, First, Middle Initial) Friends of Barbara Boxer</p> <p>Mailing Address PO BOX 641751</p> <p>City Los Angeles State CA Zip Code 90064</p> <p>Purpose of Disbursement CA US Senate</p> <p>Candidate Name Sen. Barbara Boxer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBBEAB754A2934480881</p> <p>Date of Disbursement 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln</p> <p>Mailing Address PO BOX 3197</p> <p>City Little Rock State AK Zip Code 72203</p> <p>Purpose of Disbursement AK US Senate</p> <p>Candidate Name Sen. Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDB9914155A6F41E2839</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Byron Dorgan</p> <p>Mailing Address P.O. Box 871</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement ND - US Senate</p> <p>Candidate Name Sen. Byron L. Dorgan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAF129D6DA8D641FC82E</p> <p>Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

A. Full Name (Last, First, Middle Initial) Friends of Corrine Brown <hr/> Mailing Address 3109 River Bend Court, D102 <hr/> City Laurel State MD Zip Code 20724 <hr/> Purpose of Disbursement FL-03 US House Candidate Name Rep. Corrine Brown <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1683AB05DB574579AA4 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2009
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Jay Rockefeller <hr/> Mailing Address PO Box 1909 <hr/> City Charleston State WV Zip Code 25327 <hr/> Purpose of Disbursement WV US Senate Candidate Name Sen. John D. Rockefeller <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B67DD48264B814B9784A Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2009
	Amount of Each Disbursement this Period 3000.00
	Category/ Type
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Jim Oberstar <hr/> Mailing Address 1017 8th St NE <hr/> City Washington State DC Zip Code 20002-3620 <hr/> Purpose of Disbursement MN-08 US House Candidate Name Rep. James L. Oberstar <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCA07B604ED254D3EAAE Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2009
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

<p>A. Full Name (Last, First, Middle Initial) Friends of Mark Warner</p> <p>Mailing Address 201 NORTH UNION STREET SUITE 300</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement VA US Senate</p> <p>Candidate Name Sen. John Warner</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B208708D52ED84F76928</p> <p>Date of Disbursement 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>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>Transaction ID: BE823F533757C4C2B868</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. 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>Transaction ID: BF7C9AF25ED72423CB42</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4000.00</p>
<p>TOTAL This Period (last page this line number only)</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)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

<p>A. Full Name (Last, First, Middle Initial) Lisa Murkowski for US Senate</p> <p>Mailing Address PO BOX 100847</p> <p>City ANCHORAGE State AK Zip Code 99510</p> <p>Purpose of Disbursement AK- US Senate</p> <p>Candidate Name Sen. Lisa Murkowski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2C763D6636904D0CA73</p> <p>Date of Disbursement MM / DD / YYYY 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) LoBiondo for Congress</p> <p>Mailing Address PO Box 775</p> <p>City Marmora State NJ Zip Code 08223</p> <p>Purpose of Disbursement NJ-02 US House</p> <p>Candidate Name Rep. Frank A. LoBiondo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B771664B09B004DD482F</p> <p>Date of Disbursement MM / DD / YYYY 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Mario Diaz-Balart for Congress</p> <p>Mailing Address Congressman Mario Diaz-Balart 801 Ponce de Leon Blvd.</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement FL-29 US House</p> <p>Candidate Name Rep. Mario Diaz-Balart</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB9A8D9FE13B34D71B69</p> <p>Date of Disbursement MM / DD / YYYY 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

<p>A. Full Name (Last, First, Middle Initial) Mario Diaz-Balart for Congress</p> <p>Mailing Address Congressman Mario Diaz-Balart 801 Ponce de Leon Blvd.</p> <p>City State Zip Code Coral Gables FL 33134</p> <p>Purpose of Disbursement FL-29 US House</p> <p>Candidate Name Rep. Mario Diaz-Balart</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 25</p>	<p>Transaction ID: BA2F2C8356B3542BBB66</p> <p>Date of Disbursement 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Moran for Congress</p> <p>Mailing Address P.O. Box 2518</p> <p>City State Zip Code Alexandria VA 22301</p> <p>Purpose of Disbursement VA-08 US House</p> <p>Candidate Name Rep. Jim Moran</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 08</p>	<p>Transaction ID: B4684828FC2034EB28E3</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Moran for Congress</p> <p>Mailing Address P.O. Box 2518</p> <p>City State Zip Code Alexandria VA 22301</p> <p>Purpose of Disbursement VA-08 US House</p> <p>Candidate Name Rep. Jim Moran</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 08</p>	<p>Transaction ID: BCF9C575335A64E9F810</p> <p>Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(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

A. Full Name (Last, First, Middle Initial) Norm Dicks for Congress <hr/> Mailing Address PO Box 1663 <hr/> City Tacoma State WA Zip Code 98401 <hr/> Purpose of Disbursement WA-06 US House <hr/> Candidate Name Rep. Norm Dicks <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B73F92C2BFE4F4E5FAB3 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 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. Full Name (Last, First, Middle Initial) NRCC <hr/> Mailing Address P.O. Box 644 Townsend Bldg <hr/> City Chestertown State MD Zip Code 21620 <hr/> Purpose of Disbursement PAC to PPC <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B6831956708B542DD966 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. 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: B77E16AB29D9F431A970 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 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) ▼

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

<p>A. Full Name (Last, First, Middle Initial) Ros-Lehtinen for Congress</p> <p>Mailing Address PO Box 52-2784</p> <p>City Miami State FL Zip Code 33152</p> <p>Purpose of Disbursement FL-18 US House</p> <p>Candidate Name Rep. Ileana Ros-Lehtinen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1C2878799E0C4A4488B</p> <p>Date of Disbursement 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Serrano for Congress</p> <p>Mailing Address PO Box 5577; Manhattanville Statio</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement NY-16 US House</p> <p>Candidate Name Sen. Jose E. Serrano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7683198B7AB3416F8F8</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Upton for All of Us</p> <p>Mailing Address PO Box 490</p> <p>City Saint Joseph State MI Zip Code 49085-0490</p> <p>Purpose of Disbursement MI-06 US House</p> <p>Candidate Name Rep. Fred Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B75FE760F86D94CA8B05</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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3000.00

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

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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Cruise Lines International Association

<p>A. Full Name (Last, First, Middle Initial) Wasserman-Schultz for Congress</p> <p>Mailing Address 1071 Twin Branch Ln</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement FL-20 US House</p> <p>Candidate Name Rep. Debbie Wasserman Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0492E042B3624722AEC</p> <p>Date of Disbursement MM / DD / YYYY 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Wasserman-Schultz for Congress</p> <p>Mailing Address 1071 Twin Branch Ln</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement FL-20 US House</p> <p>Candidate Name Rep. Debbie Wasserman Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B00CFDC97D030457D824</p> <p>Date of Disbursement MM / DD / YYYY 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Webb for Senate</p> <p>Mailing Address PO BOX 17427</p> <p>City Arlington State VA Zip Code 22216</p> <p>Purpose of Disbursement VA- US Senate</p> <p>Candidate Name Sen. Jim Webb, Jr.</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BEFC02D8FECC94CAA8F1</p> <p>Date of Disbursement MM / DD / YYYY 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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