

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 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

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

NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="975.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>