



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cruise Lines International Association PAC (CLIA PAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		3138.09
(b) Cash on Hand at Beginning of Reporting Period.....	3138.09	
(c) Total Receipts (from Line 19) .....	40633.00	40633.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	43771.09	43771.09
7. Total Disbursements (from Line 31).....	32500.00	32500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11271.09	11271.09
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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Cruise Lines International Association PAC (CLIA PAC)**

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).....	39600.00	39600.00
(ii) Unitemized .....	1033.00	1033.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40633.00	40633.00
(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) .....	40633.00	40633.00
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 Transfers (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))..... ▶	40633.00	40633.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40633.00	40633.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	32500.00	32500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	32500.00	32500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32500.00	32500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	40633.00	40633.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40633.00	40633.00
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 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 PAC (CLIA PAC)**

**A. Hector Alcalde**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2111 Wilson Blvd  
 Ste 850  
 City Manchester State MA Zip Code 01944-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alcalde & Fay Occupation Founder/Chairman  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : A79202194A04E43A097D**  
 Amount of Each Receipt this Period  
 5000.00  
 Political Contribution

**B. Richard D. Ames**  
 Full Name (Last, First, Middle Initial)  
 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 SVP - Shared Services  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2013  
**Transaction ID : A4AA573B6B8A74624A00**  
 Amount of Each Receipt this Period  
 1000.00  
 Political Contribution

**C. Micky Arison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9999 Collins Ave  
 City Miami State FL Zip Code 33134-0000  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013  
**Transaction ID : A03115C9CA4CD4D3A979**  
 Amount of Each Receipt this Period  
 5000.00  
 Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<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: (check only one)	PAGE 7 OF 23
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cruise Lines International Association PAC (CLIA PAC)**

**A. David Bernstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12000 SW 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 CFO
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2013

**Transaction ID : AE85FAE6FF6734D899E1**

Amount of Each Receipt this Period  
3000.00

Political Contribution

**B. Anne Bramman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1415 Biddick

City New Albany	State OH	Zip Code 43054-0000
--------------------	-------------	------------------------

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

Name of Employer Carnival Cruise Lines	Occupation SVP CFO
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2013

**Transaction ID : AB425374F478C4C88B5F**

Amount of Each Receipt this Period  
500.00

Political Contribution

**C. Brian Brennan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1600 Victoria Pointe Cir

City Weston	State FL	Zip Code 33327-1301
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carnival Corporation	Occupation Senior Director
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2013

**Transaction ID : AE30DF4116CDA4540B46**

Amount of Each Receipt this Period  
250.00

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<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 OF 23  
(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 PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)  
**A. Stefan Christoffersson**

Mailing Address 729 Crystal Ct

City State Zip Code  
 Weston FL 33326-2914

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

Name of Employer Occupation  
 Carnival Cruise Lines VP On-board Guest Serv

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013  
**Transaction ID : AA73438793A0E487EB42**

Amount of Each Receipt this Period  
 500.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**B. Thomas M. Dow**

Mailing Address 1750 P St NW

City State Zip Code  
 Washington DC 20036-1340

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

Name of Employer Occupation  
 Carnival Corporation Vice President Public Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2013  
**Transaction ID : AD0057E928DC143789B7**

Amount of Each Receipt this Period  
 5000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**C. Dana Dugan**

Mailing Address 18761 SW 25th Ct

City State Zip Code  
 Miramar FL 33029-2531

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

Name of Employer Occupation  
 Carnival Corporation Director GHR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2013  
**Transaction ID : A06CAAE26B7054B50922**

Amount of Each Receipt this Period  
 300.00

Political Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5800.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Cruise Lines International Association PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial) <b>A. Howard Frank</b>		Date of Receipt
Mailing Address 500 Arvida Pkwy		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2013
City	State	Zip Code
Miami	FL	33156-2321
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : AE178FD9AFADC49C186E</b>
Name of Employer Carnival Corporation		Amount of Each Receipt this Period
Occupation Vice Chairman & Coo		5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Political Contribution
Aggregate Year-to-Date ▼		5000.00

Full Name (Last, First, Middle Initial) <b>B. Adam Goldstein</b>		Date of Receipt
Mailing Address 4321 Santa Maria St		M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2013
City	State	Zip Code
Miami	FL	33146-1126
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : A576D4BFF13E043FE978</b>
Name of Employer Royal Caribbean International		Amount of Each Receipt this Period
Occupation President & CEO		5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Political Contribution
Aggregate Year-to-Date ▼		5000.00

Full Name (Last, First, Middle Initial) <b>C. Paul S. Jarvis</b>		Date of Receipt
Mailing Address 4355 Dogwood Cir		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2013
City	State	Zip Code
Weston	FL	33331-5004
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : ACC84819098F8407B8F3</b>
Name of Employer Carnival Corporation		Amount of Each Receipt this Period
Occupation Vice President of Casino Operations		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Political Contribution
Aggregate Year-to-Date ▼		500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10500.00
<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 10 OF 23  
(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 PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)  
**A. Michael Jones**

Mailing Address 90 Edgewater Dr

City State Zip Code  
 Coral Gables FL 33133-6942

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

Name of Employer Occupation  
 Royal Caribbean Cruise Line VP Supply Chain

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 04 / 2013  
**Transaction ID : A6133058A09EB4061B23**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**B. Lawrence Kaye**

Mailing Address 13844 San Sebastian Way

City State Zip Code  
 Poway CA 92064-6702

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

Name of Employer Occupation  
 Kaye, Rose & Partners LLP Senior Partner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : AC080520B12F843958A9**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 1688 West Ave.  
 Suite 601

City State Zip Code  
 Miami Beach FL 33139-2367

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

Name of Employer Occupation  
 Prestige Cruises Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2013  
**Transaction ID : A51BDB14FF96A49AE933**

Amount of Each Receipt this Period  
 250.00

Political Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2050.00

**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 OF 23
	<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 PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial) <b>A. Mark O'Brien</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 <b>Transaction ID : AAB4691EE34E94C748DA</b>
Mailing Address 7261 SW 117th Ter		Amount of Each Receipt this Period 300.00 Political Contribution
City Miami	State FL	Zip Code 33156-4665
FEC ID number of contributing federal political committee. C	Name of Employer Carnival Corporation	Occupation Vice President Corporate Tax
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Arnaldo Perez</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2013 <b>Transaction ID : AFE009D0C515C46BDADF</b>
Mailing Address 10220 SW 58th Ct		Amount of Each Receipt this Period 500.00 Political Contribution
City Miami	State FL	Zip Code 33156-4145
FEC ID number of contributing federal political committee. C	Name of Employer Carnival Cruise Lines	Occupation SVP General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Maria Victoria Rey</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2013 <b>Transaction ID : AFD8D7F1A6ED34C759AB</b>
Mailing Address 6771 Parkinsonia Dr		Amount of Each Receipt this Period 400.00 Political Contribution
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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: (check only one)	PAGE 12 OF 23
<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 PAC (CLIA PAC)**

**A. Michael Ronan**  
Full Name (Last, First, Middle Initial)

Mailing Address 12665 SW 67th Ct

City Miami	State FL	Zip Code 33156-6205
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FEC ID number of contributing federal political committee. **C**

Name of Employer Royal Caribbean Cruises	Occupation VP Government Relations
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	04	/	2013

**Transaction ID : A79384D7238D64D6D9D8**

Amount of Each Receipt this Period  
250.00

**B. Bradley Rose**  
Full Name (Last, First, Middle Initial)

Mailing Address 8162 Tianna Road

City Los Angeles	State CA	Zip Code 90046-1557
---------------------	-------------	------------------------

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

Name of Employer Kaye, Rose & Partners LLP	Occupation Managing Partner
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

**Transaction ID : A6BF9E4C2A9EC4F4FAC4**

Amount of Each Receipt this Period  
1500.00

**C. Paul Schlesinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 6061 Sugarstone Ct

City Mc Lean	State VA	Zip Code 22101-3247
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FEC ID number of contributing federal political committee. **C**

Name of Employer Alcalde & Fay	Occupation Partner
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2013

**Transaction ID : A70463337EA324AAF9DA**

Amount of Each Receipt this Period  
250.00

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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: (check only one)	PAGE 13 OF 23
	<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 PAC (CLIA PAC)**

**A. Kerry Stables**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1448 NW 157th Ave  
City State Zip Code  
Pembroke Pines FL 33028-1666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Carnival Cruise Lines Director  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 19 / 2013  
**Transaction ID : AC48EAB19BA6845858F4**  
Amount of Each Receipt this Period  
1000.00

**B. G. Scott Steenrod**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7625 NW 111th Mnr  
City State Zip Code  
Parkland FL 33076-4793  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Celebrity Cruises/RCL VP, Food and Beverage Operations  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 04 / 2013  
**Transaction ID : AD10508175D6F4F5981B**  
Amount of Each Receipt this Period  
250.00

**C. Bert Swets**  
Full Name (Last, First, Middle Initial)  
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 Vice President  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 19 / 2013  
**Transaction ID : A112898775A56405BBBE**  
Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<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: (check only one)	PAGE 14 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial) <b>A. Terry L. Thornton</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2013
Mailing Address 6901 SW 136th St		<b>Transaction ID : A2AAE639C45824A6399C</b>
City Miami	State FL	Zip Code 33156-6970
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	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Lynn Torrent</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2013
Mailing Address 2100 N Ocean Blvd Apt 1102		<b>Transaction ID : A4F39565206A04509835</b>
City Fort Lauderdale	State FL	Zip Code 33305-1942
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Carnival Cruise Lines	Occupation EVP Sales & Guest Srvc	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Giovanni Zanotti</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2013
Mailing Address 3655 NW 87th Ave		<b>Transaction ID : A210416A4C0A54CDEBA3</b>
City Doral	State FL	Zip Code 33178-2418
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Carnival Corporation	Occupation VP, Strategic Sourcing	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	39600.00

**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 PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)

**A. ALASKANS FOR BEGICH 2014**

Mailing Address PO BOX 410

City PALMER State AK Zip Code 99645

Purpose of Disbursement  
AK US Senate

Candidate Name

**Sen. Mark Begich**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : B9219A4E2E91142BEB87**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Bill Nelson for U.S. Senate**

Mailing Address 500 RED SAIL WAY

City SATELITE BEACH State FL Zip Code 32937

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Bill Nelson**

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2013

**Transaction ID : B62239BFBE38E4923B49**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Bill Shuster for Congress**

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
PA US House

Candidate Name

**Rep. Bill Franklin Shuster**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2013

**Transaction ID : B0A9B1466702E43CA929**

Amount of Each Disbursement this Period

3000.00

**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 PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)

**A. Castor for Congress**

Mailing Address P.O. Box 5419

City Tampa State FL Zip Code 33675

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Kathy Castor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2013

**Transaction ID : BF846D948CE164529959**

Amount of Each Disbursement this Period

1000.00

**B. Citizens to Elect Rick Larsen**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 326

City EVERETT State WA Zip Code 98206

Purpose of Disbursement  
WA US House

Candidate Name

**Rep. Rick Larsen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2013

**Transaction ID : BC51F9C083D4A40EFA29**

Amount of Each Disbursement this Period

1000.00

**C. DAVE CAMP FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 5915 EASTMAN AVENUE  
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement  
MI US House

Candidate Name

**Rep. David Lee Camp**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 08 / 2013

**Transaction ID : BD860392CF86A48708B6**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00



**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 PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)

**A. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Other2013

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : B38997AFCBE704213870

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. FREDERICA S. WILSON FOR CONGRESS**

Mailing Address 19821 NW 2ND AVENUE  
BOX 354

City MIAMI GARDENS State FL Zip Code 33169

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Frederica S Wilson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 17

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

Transaction ID : BC7E19DFD192E466484B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DENNIS ROSS**

Mailing Address 133 SOUTH HARBOR DRIVE

City VENICE State FL Zip Code 34285

Purpose of Disbursement  
FL US House

Candidate Name

**Rep. Dennis Alan Ross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

Transaction ID : B3D47960CE7FF4BF0847

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

**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 PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN THUNE**

Mailing Address PO BOX 841

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. John R Thune**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

**Transaction ID : B3309125B50B84C62BDD**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends of Mark Warner**

Mailing Address 201 NORTH UNION STREET SUITE 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Mark Warner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

**Transaction ID : B7D0DB7FA8F1946519B9**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MARY LANDRIEU INC**

Mailing Address 700 13TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Mary L Landrieu**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

**Transaction ID : B55C7589026674081947**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**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 PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)

**A. Gibbs for Congress**

Mailing Address 6992 TR 466

City LAKEVILLE State OH Zip Code 44638

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Bob Gibbs**

Office Sought:  House  
 Senate  
 President  
State: OH District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2013

Transaction ID : **B5F8E5D4F83054DC9AA5**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JANICE HAHN FOR CONGRESS**

Mailing Address 1379 PARK WESTERN DRIVE  
#142

City SAN PEDRO State CA Zip Code 90732

Purpose of Disbursement  
Political Contribution

Candidate Name

**Janice Hahn**

Office Sought:  House  
 Senate  
 President  
State: CA District: 44

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2013

Transaction ID : **BD687273BE1EC4FE28F8**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. JOE GARCIA FOR CONGRESS**

Mailing Address 1924 FERDINAND STREET

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
FL US House

Candidate Name

**Joe Garcia**

Office Sought:  House  
 Senate  
 President  
State: FL District: 26

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2013

Transaction ID : **BF46B9DDD8B74458EB63**

Amount of Each Disbursement this Period

1500.00

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

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

4500.00

**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 PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)

**A. JOE GARCIA FOR CONGRESS**

Mailing Address 1924 FERDINAND STREET

City State Zip Code  
CORAL GABLES FL 33134

Purpose of Disbursement  
VOID - FL US House

Candidate Name  
**Joe Garcia**

Office Sought:  House  
 Senate  
 President  
State: FL District: 26

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2013

Transaction ID : BA1AC9763C67440869D8

Amount of Each Disbursement this Period

-1500.00

Full Name (Last, First, Middle Initial)

**B. Keep Nick Rahall in Congress Committee**

Mailing Address P.O. Box 64

City State Zip Code  
Beckley WV 25802

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Nick J. Rahall II**

Office Sought:  House  
 Senate  
 President  
State: WV District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2013

Transaction ID : B4AB7D9B81AC641C2AA2

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Lee Terry for Congress**

Mailing Address PO Box 540098

City State Zip Code  
Omaha NE 68154-0098

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Lee Terry**

Office Sought:  House  
 Senate  
 President  
State: NE District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

Transaction ID : BF6EA634F3C7B4DAAA46

Amount of Each Disbursement this Period

1000.00

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

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

500.00

**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 PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)

**A. LoBiondo for Congress**

Mailing Address P.O. Box 775

City Marmora State NJ Zip Code 08223

Purpose of Disbursement  
NJ US House

Candidate Name  
**Rep. Frank A. LoBiondo**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: NJ District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

Transaction ID : B3AED9E6B4424730AE6

Amount of Each Disbursement this Period

1000.00

**B. MCCAUL FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

Mailing Address 815-A BRAZOS STREET  
PMB 230

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
TX 10 US House

Candidate Name  
**Rep. Michael Mccaul**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: TX District: 10

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2013

Transaction ID : B14A2C63827DF4432B5C

Amount of Each Disbursement this Period

1000.00

**C. Moran for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 311 North Washington Street  
Suite 200L

City Alexandria State VA Zip Code 22314-2537

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Jim P. Moran**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: VA District: 08

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2013

Transaction ID : BA720CFB3A96B471A96F

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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 PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)

**A. National Republican Cong. Comm.**

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Other2013**

State:

District:

Date of Disbursement

/  /

**Transaction ID : BC1F53AD837C945219EA**

Amount of Each Disbursement this Period

**B. SCHATZ FOR SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3828

City Honolulu State HI Zip Code 96812-3828

Purpose of Disbursement  
HI US Senate

Candidate Name

**Brian Emanuel Schatz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Other2014**

State: HI

District: 02

Date of Disbursement

/  /

**Transaction ID : B8B547DA9CD574B3F846**

Amount of Each Disbursement this Period

**C. TIM SCOTT FOR SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
SC US Senate

Candidate Name

**Timothy E Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Other2014**

State: SC

District:

Date of Disbursement

/  /

**Transaction ID : BD821DF42AFF44BBA9AC**

Amount of Each Disbursement this Period

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

**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 PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)

### A. UDALL FOR COLORADO

Mailing Address PO BOX 40158

City DENVER State CO Zip Code 80204

Purpose of Disbursement  
CO US Senate

Candidate Name  
**Sen. Mark E Udall**

Office Sought:  House  
 Senate  
 President  
State: CO District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2013

Transaction ID : B83E2C199C6554D7EBDF

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

1000.00
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32500.00
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