

# 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 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer J. Michael Crye

Signature of Treasurer Electronically Filed by J. Michael Crye Date 05 25 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									
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**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	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		12321.09
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	12321.09									
(c) Total Receipts (from Line 19) .....	36081.00	36081.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	48402.09	48402.09								
7. Total Disbursements (from Line 31) .....	14000.00	14000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	34402.09	34402.09								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Cruise Lines International Association

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	34480.00	34480.00
(ii) Unitemized .....	1601.00	1601.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	36081.00	36081.00
(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) .....	36081.00	36081.00
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)) .....	36081.00	36081.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36081.00	36081.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	14000.00
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))..	14000.00	14000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14000.00	14000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 15

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) .....	36081.00	36081.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36081.00	36081.00
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 / 15
	<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	

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) Richard D. Ames	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address 1082 Deerwood Ln	<b>Transaction ID:</b> A104A0216B4164709BEA
	City State Zip Code Weston FL 33326-2848	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Carnival Corporation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Micky Arison	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address 9999 Collins Ave	<b>Transaction ID:</b> A0A84AEBA4C564E3C981
	City State Zip Code Miami FL 33134	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Carnival Corporation Chairman & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Bernstein	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address 12000 S. w 90th Ave	<b>Transaction ID:</b> A4757F04D86054CD3872
	City State Zip Code Miami FL 33176-5105	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Carnival Corporation Sr. Vice President & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Brennan	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address 1600 Victoria Pointe Circle	<b>Transaction ID:</b> A134E48C3ABDE4C3B862
	City State Zip Code Weston FL 33327-1301	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	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 ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gerald R. Cahill	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address 14641 Mustang Trail	<b>Transaction ID:</b> AEBB91B3396B348FAB45
	City State Zip Code Southwest Ranches FL 33330-3528	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Carnival Corporation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jose Delgado	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address 14435 SW 158th St	<b>Transaction ID:</b> A530B92E45C604F13847
	City State Zip Code Miami FL 33177-7201	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	Contribution
	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 ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5460.00
<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 / 15  
(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)  
Thomas M. Dow

Mailing Address 1818 Ontario Place , NW

City Washington State DC Zip Code 20009-2109

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

Name of Employer Carnival Corporation Occupation Vice President Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 23 / 2010  
**Transaction ID: A8623FF0D04DF48A5999**

Amount of Each Receipt this Period 5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Douglas F. Eney

Mailing Address 317 Palm St

City Hollywood State FL Zip Code 33019-4505

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

Name of Employer Carnival Cruise Lines Occupation VP, Systems & Tech.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2010  
**Transaction ID: AF0C8FAD7725441BBB2B**

Amount of Each Receipt this Period 500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Howard Frank

Mailing Address 445 Grand Bay Dr

City Key Biscayne State FL Zip Code 33149-1905

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

Name of Employer Carnival Corporation Occupation Vice Chairman & Coo

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 30 / 2010  
**Transaction ID: AF03F6A18E7014FC7B13**

Amount of Each Receipt this Period 5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10500.00

**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 / 15  
(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)  
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 03 / 30 / 2010  
**Transaction ID:** AB7A2FC701D8048F8BDE

Amount of Each Receipt this Period 250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Gregg Michel

Mailing Address 2734 Motor Ave

City State Zip Code  
Los Angeles CA 90064-3413

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Crystal Cruises President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 20 / 2010  
**Transaction ID:** A36BCDC8E928B4AE5890

Amount of Each Receipt this Period 5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mark L Novell

Mailing Address 6410 NW 106 Terrace

City State Zip Code  
Parkland FL 33076-3767

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Carnival Corporation Vice President Asst. Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2010  
**Transaction ID:** ADDE91C172A1C48AAAD8

Amount of Each Receipt this Period 250.00

Contribution

**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: (check only one)	PAGE 10 / 15
	<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)  
Mary C. Sloan

Mailing Address 4172 Douglas Rd

City Miami State FL Zip Code 33133-6852

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

Name of Employer Carnival Corporation Occupation VP, Risk Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 30 / 2010  
Transaction ID: A800D63BC3C0948799D5  
Amount of Each Receipt this Period 420.00  
Contribution

**B.** 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 ▼ 600.00

Date of Receipt 03 / 30 / 2010  
Transaction ID: A79A541A4733749C7B5C  
Amount of Each Receipt this Period 600.00  
Contribution

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

Mailing Address 14390 Stirling Rd

City Southwest Ranches State FL Zip Code 33330-2904

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

Name of Employer Carnival Cruise Lines Occupation VP Revenue Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2010  
Transaction ID: AC60F3C6B42ED4C1C900  
Amount of Each Receipt this Period 500.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1520.00

**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 11 / 15	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<b>A.</b>	Full Name (Last, First, Middle Initial) Giovanni Zanotti		Date of Receipt																					
	Mailing Address 3655 NW 87th Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	0		2	0	1	0														
	City State Zip Code Doral FL 33178-2418		<b>Transaction ID:</b> A479426968E8C45D99F0																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00																					
Name of Employer Occupation Carnival Corporation VP, Strategic Sourcing		Contribution																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	34480.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 15

<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) Becerra for Congress	Transaction ID: B13BB30925BC84DE49C2
	Mailing Address P.O. Box 261060	Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Political Contribution	Category/ Type
	Candidate Name Rep. Xavier Becerra	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bill Nelson for US Senate	Transaction ID: B80E23708B5E74F52B56
	Mailing Address 500 RED SAIL WAY	Date of Disbursement MM / DD / YYYY 01 / 20 / 2010
	City SATELITE BEACH State FL Zip Code 32937	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement FL US Senate	Category/ Type
	Candidate Name Sen. Bill Nelson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bill Nelson for US Senate	Transaction ID: BF3F75F673F3E4680AD3
	Mailing Address 500 RED SAIL WAY	Date of Disbursement MM / DD / YYYY 01 / 20 / 2010
	City SATELITE BEACH State FL Zip Code 32937	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement FL US Senate	Category/ Type
	Candidate Name Sen. Bill Nelson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 15

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

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<p><b>A.</b> Full Name (Last, First, Middle Initial) 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 Political Contribution</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 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><b>Transaction ID:</b> B10FFFF26BEB445C383A</p> <p>Date of Disbursement 02 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dan 10</p> <p>Mailing Address 1088 BISHOP STREET SUITE 1009</p> <p>City HONOLULU State HI Zip Code 96813</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Sen. Daniel K. Inouye</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B724B6973B84E4D3E8F7</p> <p>Date of Disbursement 02 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) David Rivera for U.S. Congress</p> <p>Mailing Address P.O. Box 520633</p> <p>City Miami State FL Zip Code 33152</p> <p>Purpose of Disbursement FL-25 US House</p> <p>Candidate Name Rep. David Rivera</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><b>Transaction ID:</b> BC14B87ABAFD04709A21</p> <p>Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 15

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

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<b>A.</b> Full Name (Last, First, Middle Initial) Hastings for Congress Mailing Address P.O. BOX 100277	Transaction ID: B680EC2DC468E41B09D6 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
City State Zip Code Fort Lauderdale FL 33310	Purpose of Disbursement Political Contribution Candidate Name Rep. Alcee L. Hastings Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 23
Category/Type	

<b>B.</b> Full Name (Last, First, Middle Initial) Mica for Congress Mailing Address P.O. Box 181546	Transaction ID: B1A5F59386BF04555B51 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
City State Zip Code Casselberry FL 32718	Purpose of Disbursement FL-07 US House Candidate Name Rep. John L. Mica Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 07
Category/Type	

<b>C.</b> Full Name (Last, First, Middle Initial) Upton for All of Us Mailing Address PO Box 490	Transaction ID: BB7E411F18C8F4B8B830 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period -1000.00
City State Zip Code Saint Joseph MI 49085-0490	Purpose of Disbursement Void Disbursement Feb. 2009 Candidate Name Rep. Fred Upton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 06
Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

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

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NAME OF COMMITTEE (In Full)  
Cruise Lines International Association

<b>A.</b> Full Name (Last, First, Middle Initial) Upton for All of Us Mailing Address PO Box 490 City Saint Joseph State MI Zip Code 49085-0490 Purpose of Disbursement Political Contribution Candidate Name Rep. Fred Upton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B203AD59E2D9148E69E9 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Wasserman-Schultz for Congress Mailing Address 1071 Twin Branch Ln City Weston State FL Zip Code 33326 Purpose of Disbursement FL-20 US House Candidate Name Rep. Debbie Wasserman Schultz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9AF3D84401E048E79B9 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00

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

3000.00

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

14000.00