

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 2011 through 06 30 2011

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 Michael Crye

Signature of Treasurer Electronically Filed by Michael Crye Date 08 24 2011

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: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		9093.09
(b) Cash on Hand at Beginning of Reporting Period	9093.09	
(c) Total Receipts (from Line 19)	69959.00	69959.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	79052.09	79052.09
7. Total Disbursements (from Line 31)	15500.00	15500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63552.09	63552.09
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**

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	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	61365.00	61365.00
(ii) Unitemized	8594.00	8594.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	69959.00	69959.00
(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)	69959.00	69959.00
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))	69959.00	69959.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	69959.00	69959.00

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.....	15500.00	15500.00
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))..	15500.00	15500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15500.00	15500.00

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)	69959.00	69959.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69959.00	69959.00
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 / 44
(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)
Hector Alcalde

Mailing Address 2111 Wilson Blvd
Suite 850

City Manchester State MA Zip Code 01944

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 ▼ 1000.00

Date of Receipt 06 / 28 / 2011
Transaction ID: A39757755F2BA45D3AA2
 Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Christopher Allen

Mailing Address 540 Brickell Key drive
#1028

City Miami State FL Zip Code 33131-2641

FEC ID number of contributing federal political committee. C

Name of Employer Royal Caribbean International Occupation Director Deployment

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 17 / 2011
Transaction ID: A2513E3AABA464742A4E
 Amount of Each Receipt this Period 500.00

C. 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 SVP - Shared Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2011
Transaction ID: A49DA51314D5B483399E
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 2500.00

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 / 44
	<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) Micky Arison		Date of Receipt																					
	Mailing Address 9999 Collins Ave		<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>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	8		2	0	1	1														
	City State Zip Code Miami FL 33134		Transaction ID: AD209B12CE2AA48FD9A7																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer Occupation Carnival Corporation Chairman & CEO		5000.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00																						

B.	Full Name (Last, First, Middle Initial) Louis Bafalis		Date of Receipt																					
	Mailing Address 11215 Devereux Manor Lane		<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>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		2	8		2	0	1	1														
	City State Zip Code Fairfax Station VA 22039-2047		Transaction ID: AE19BCB8FDA53453F8BD																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer Occupation Alcalde & Fay Partner		1000.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00																						

C.	Full Name (Last, First, Middle Initial) David Bernstein		Date of Receipt																					
	Mailing Address 12000 S. w 90th Ave		<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>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		0	5		2	0	1	1														
	City State Zip Code Miami FL 33176-5105		Transaction ID: A1A73024B62D14855B94																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer Occupation Carnival Corporation CFO		5000.00																						
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)	▶	11000.00
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 8 / 44
	<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) James R. Border	Date of Receipt MM / DD / YYYY 06 / 08 / 2011
	Mailing Address 17828 N. w 15th St	Transaction ID: A7574EDBFFB98440EBB8
	City State Zip Code Pembroke Pines FL 33029-3134	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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Brian Brennan	Date of Receipt MM / DD / YYYY 04 / 05 / 2011
	Mailing Address 1600 Victoria Pointe Circle	Transaction ID: AED54369D96F747E99F0
	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	
	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	

C.	Full Name (Last, First, Middle Initial) Gerry Cahill	Date of Receipt MM / DD / YYYY 06 / 08 / 2011
	Mailing Address 14641 Mustang Trail	Transaction ID: A54E70B5FB2C54D36A97
	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	
	Name of Employer Occupation Carnival Cruise Lines President & CEO	
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)	6250.00
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 / 44
(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)
Stefan Christoffersson

Mailing Address 729 Crystal Ct

City Weston State FL Zip Code 33326-2914

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 08 / 2011
Transaction ID: AB88747C8942541AFA86
Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Michael Crye

Mailing Address 2909 Woodstock

City Silver Spring State MD Zip Code 20910-1249

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

Name of Employer Cruise Lines International Assn Occupation EVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2011
Transaction ID: AB07130929DB54F3D996
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Julie C. Dofort

Mailing Address 3115 Maple Ln

City Davie State FL Zip Code 33328-6715

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 05 / 17 / 2011
Transaction ID: A6925399CCE964594BDE
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1850.00

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 / 44
	<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) Thomas M. Dow	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 1750 P Street NW	Transaction ID: A2BD84292D7BC43C2AD3
	City State Zip Code Washington DC 20036-1340	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carnival Corporation	Occupation Vice President Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Dana Dugan	Date of Receipt MM / DD / YYYY 05 / 09 / 2011
	Mailing Address 18761 SW 25th Court	Transaction ID: A03185D1B12FD419C8C1
	City State Zip Code Miramar FL 33029-2531	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Political Contribution
Name of Employer Carnival Corporation	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Douglas F. Eney	Date of Receipt MM / DD / YYYY 04 / 05 / 2011
	Mailing Address 317 Palm St	Transaction ID: A0B72B8573FC74AD68AD
	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 Carnival Cruise Lines	Occupation Vice President IS Engineering	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 11 / 44
	<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) Kevin Fay	Date of Receipt MM / DD / YYYY 06 / 28 / 2011
	Mailing Address 1101 Ingleside Avenue	Transaction ID: A4DDDDA25DF7846F5BE1
	City State Zip Code Mc Lean VA 22101-2131	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Alcalde & Fay President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Peter Fetten	Date of Receipt MM / DD / YYYY 04 / 05 / 2011
	Mailing Address 12150 NW 4th Street	Transaction ID: AFEE6DE62AC3C4ED7AC4
	City State Zip Code Plantation FL 33325-2422	Amount of Each Receipt this Period 800.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carnival Corporation SVP-Ship Refit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Howard Frank	Date of Receipt MM / DD / YYYY 06 / 08 / 2011
	Mailing Address 445 Grand Bay Dr	Transaction ID: A47D0881EAF824864942
	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)	▶	6800.00
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 12 / 44
	<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)
Victoria L. Freed

Mailing Address 2677 Riviera Ct

City State Zip Code
Weston FL 33332-3420

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

Name of Employer Occupation
Royal Caribbean Cruises Sr. Vice President Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2011

Transaction ID: AA14A5544D42B4817BC0

Amount of Each Receipt this Period
500.00

Political Contribution

B.

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 Director Technology Audit Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2011

Transaction ID: A29EBEC6085664170AEA

Amount of Each Receipt this Period
250.00

Political Contribution

C.

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2011

Transaction ID: AD9D837DD0E5D4FF9BC4

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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 13 / 44
(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)
Antje Gibson
 Mailing Address 12281 SW 121st Terrace
 City Miami State FL Zip Code 33186-5415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Royal Caribbean Cruises Occupation Vice President & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 05 / 17 / 2011
Transaction ID: AF0391EF318E4497AAF4
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Adam Goldstein
 Mailing Address 4321 Santa Maria St
 City Miami State FL Zip Code 33146-1126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Royal Caribbean International Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 05 / 09 / 2011
Transaction ID: A5139E9E2C3E84C26868
 Amount of Each Receipt this Period 1000.00
 Political Contribution

C. Full Name (Last, First, Middle Initial)
John Haeflinger
 Mailing Address 3353 W. Stonebrooks Circle
 City Davie State FL Zip Code 33330-1274
 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 ▼ 1500.00
 Date of Receipt 04 / 05 / 2011
Transaction ID: AFC07CBC31AA0497D934
 Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00
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 14 / 44
(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)
John Harshaw

Mailing Address 10623 SW 26 Ct

City State Zip Code
Davie FL 33328-1018

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

Name of Employer Occupation
Carnival Cruise Lines Director IS Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2011

Transaction ID: A8D1AF778229A4564B5D

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Stephen Hodes

Mailing Address 3530 Magellan Circle
Unit 615

City State Zip Code
Miami FL 33180-3751

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

Name of Employer Occupation
Carnival Corporation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2011

Transaction ID: A6A1EA93B08B24CC297E

Amount of Each Receipt this Period
270.00

C.

Full Name (Last, First, Middle Initial)
Vicki Iseman

Mailing Address 328 Cameron Station Blvd

City State Zip Code
Alexandria VA 22304-8623

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

Name of Employer Occupation
Alcalde & Fay Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2011

Transaction ID: A05B4A53DB85C46A48CD

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **820.00**

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 15 / 44
	<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) Giora Israel	Date of Receipt MM / DD / YYYY 04 / 05 / 2011
	Mailing Address 11305 SW 72nd Ct	Transaction ID: AAF9EFF3E374B44DBAB5
	City State Zip Code Miami FL 33156-4618	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carnival Corporation SVP	
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) Roberta Jacoby	Date of Receipt MM / DD / YYYY 04 / 20 / 2011
	Mailing Address 4958 SW 88th St	Transaction ID: A7F5CB810001C4BD5ADC
	City State Zip Code Coral Gables FL 33156-2232	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carnival Corporation SR VP Corporate Special Projects	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Paul S. Jarvis	Date of Receipt MM / DD / YYYY 05 / 09 / 2011
	Mailing Address 4355 Dogwood Circle	Transaction ID: A21FB754579284609AE9
	City State Zip Code Weston FL 33331-5004	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer Occupation Carnival Corporation Vice President of Casino Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
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 16 / 44
(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
							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)
Michael Jones

Mailing Address 90 Edgewater Drive

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: A91037A4793B0454DA5D

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Michael H. Kaczmarek

Mailing Address 1410 Lacosta Dr

City State Zip Code
Hollywood FL 33027

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

Name of Employer Occupation
Carnival Corporation Vice President Shipbuilding

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2011

Transaction ID: A9F3770CD90BD4597810

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Eleni Kalisch

Mailing Address 6468 Manhasset Lane

City State Zip Code
Alexandria VA 22312-2339

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2011

Transaction ID: AC7C8DA2C3A5942B0AC6

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 17 / 44
(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)
Karen Kirk

Mailing Address 117 Santander Ave

City State Zip Code
Coral Gables FL 33134-6822

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

Name of Employer Occupation
Carnival Corporation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2011

Transaction ID: AC6C4FE11B3F14ABE990

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Joseph Robert Kirk

Mailing Address 117 Santander Avenue

City State Zip Code
Coral Gables FL 33134-6822

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

Name of Employer Occupation
Carnival Cruise Lines VP - Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2011

Transaction ID: A32E7A3BE7A02405486A

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Edie M. Konigsberg-Bornstein

Mailing Address 1764 Victoria Pointe Circle

City State Zip Code
Weston FL 33327-1306

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

Name of Employer Occupation
Azamara Club Cruises Vice President Sales and Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2011

Transaction ID: A830C1A086A4443DC927

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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 18 / 44
	<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)
Zlatko Kosovic

Mailing Address 701 Brickell Key Blvd.

City Miami State FL Zip Code 33131-2674

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

Name of Employer Royal Caribbean International Occupation Director Marine Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2011

Transaction ID: A1C309A23D0794EA7B87

Amount of Each Receipt this Period 500.00

B. 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 / 2011

Transaction ID: AA838416B836A452D881

Amount of Each Receipt this Period 250.00

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

Mailing Address 1251 Quail Ave

City Miami Springs State FL Zip Code 33166-3137

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

Name of Employer Royal Caribbean Cruises Occupation Vice President CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 17 / 2011

Transaction ID: AD36F3180D6464ECC81A

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 / 44
(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)
Michael McNamara

Mailing Address 20001 NE 23 Ave

City Miami State FL Zip Code 33180-1808

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

Name of Employer Royal Caribbean Cruises Occupation AVP Energy Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 08 / 2011
Transaction ID: ABD65796804D6451EA95
 Amount of Each Receipt this Period 1000.00

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

Mailing Address 2301 Collins Avenue, #1510

City Miami Beach State FL Zip Code 33139-1630

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

Name of Employer Carnival Corporation Occupation Vice President Corporate Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2011
Transaction ID: A2264115FA4EB4AFBB20
 Amount of Each Receipt this Period 1000.00

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

Mailing Address 6410 NW 106 Terrace

City Parkland State FL Zip Code 33076-3767

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

Name of Employer Carnival Corporation Occupation Vice President Asst. Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 05 / 2011
Transaction ID: A0595A4C5E7744C8D8F5
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 20 / 44
(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)
Mark O'Brien

Mailing Address 7261 S. w 117th Terrace

City State Zip Code
Miami FL 33156-4665

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

Name of Employer Occupation
Carnival Corporation Vice President Corporate Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2011

Transaction ID: A47C95D19B17F4381B2C

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
James O'Shaughnessy

Mailing Address 701 Brickell Key Blvd.
Apt. 301

City State Zip Code
Miami FL 33131-2675

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

Name of Employer Occupation
Carnival Corporation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2011

Transaction ID: A8267BB5C6B6A475EB9B

Amount of Each Receipt this Period
300.00

Political Contribution

C.

Full Name (Last, First, Middle Initial)
Lisa Perlo

Mailing Address 921 Coco Plum Way

City State Zip Code
Plantation FL 33324-3705

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

Name of Employer Occupation
Celebrity Cruises SVP Hotel OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2011

Transaction ID: AFF4DD272C2164969959

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 / 44
	<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) Nancy G Prowitt	Date of Receipt MM / DD / YYYY 06 / 28 / 2011
	Mailing Address 3749 N Tazewell Street	Transaction ID: ABD36FBFA07534EDA803
	City State Zip Code Arlington VA 22207-4572	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Alcalde & Fay Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Veda Rampat	Date of Receipt MM / DD / YYYY 04 / 05 / 2011
	Mailing Address 15007 SW 38th Street	Transaction ID: A9361ABDE622D4B8BBD5
	City State Zip Code Davie FL 33331-2750	Amount of Each Receipt this Period 945.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carnival Corporation Assistant Treasurer and CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00	

C.	Full Name (Last, First, Middle Initial) Douglas R. Santoni	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 4100 El Prado Blvd	Transaction ID: AFDADA1F7765348028C1
	City State Zip Code Miami FL 33133-6312	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Royal Caribbean Cruise Line SVP Statagic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	3445.00
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 / 44
(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)
Paul Schlesinger

Mailing Address 6061 Sugarstone Court

City State Zip Code
Mc Lean VA 22101-3247

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

Name of Employer Occupation
Alcalde & Fay Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2011

Transaction ID: ACC9854656A1B4725B4E

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Bob Sharak

Mailing Address 12760 NW 65th Drive

City State Zip Code
Parkland FL 33076-1943

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

Name of Employer Occupation
Cruise Lines International Assn EVP Marketing and Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: AE7603179C4C6491B9A5

Amount of Each Receipt this Period
500.00

C.

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 Internal Market Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2011

Transaction ID: AD74090B2EEDF44D99C8

Amount of Each Receipt this Period
250.00

Political Contribution

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 / 44
(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)
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 ▼ 450.00

Date of Receipt: 04 / 05 / 2011
Transaction ID: A316B596A99854997B78
Amount of Each Receipt this Period: 450.00

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

Mailing Address 7220 SW 108th Terrace

City Miami State FL Zip Code 33156-3852

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

Name of Employer Royal Caribbean International Occupation SVP General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 08 / 2011
Transaction ID: A8FABEE2E5E9C4611A13
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Eric Stewart

Mailing Address 4162 SW 188th Ave

City Miramar State FL Zip Code 33029-2764

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

Name of Employer Royal Caribbean Cruises Occupation Director Global Talent Aquisition

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 08 / 2011
Transaction ID: A693BC2FF147048D0AC9
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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 24 / 44
(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)
Gayle Stewart-Loudis

Mailing Address 7515 SW 28 Street

City State Zip Code
Davie FL 33314-1004

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

Name of Employer Occupation
Cruise Lines International Assn Director of Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: A67DF0F77F96E4E60B7D

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Lourdes Suarez

Mailing Address 2475 Brickell Avenue, Apt 2205

City State Zip Code
Miami FL 33129-2483

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

Name of Employer Occupation
Carnival Corporation Assistant Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2011

Transaction ID: A2B9307AF15D34419A8C

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Thomas Thompson

Mailing Address 9334 Brambly Ln

City State Zip Code
Alexandria VA 22309-3010

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

Name of Employer Occupation
Cruise Lines International Assn SVP Technical & Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: AC6A29DD1C25042AF AE3

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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 25 / 44
(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)
Terry L. Thornton

Mailing Address 6901 SW 136th St

City Miami State FL Zip Code 33156-6970

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

Name of Employer: Carnival Cruise Lines Occupation: Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 08 / 2011

Transaction ID: ACD2374B9A25C4C17A2C

Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Lynn Torrent

Mailing Address 2100 N. Ocean Blvd #1102

City Fort Lauderdale State FL Zip Code 33305-1942

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

Name of Employer: Carnival Cruise Lines Occupation: EVP Sales & Guest Srvc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 08 / 2011

Transaction ID: AB96B2891AF344DFEBF0

Amount of Each Receipt this Period: 500.00

C.

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: VP Management Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 20 / 2011

Transaction ID: AE53F76A0E027496EBBE

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 26 / 44
(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)
Bert Van Middendorp

Mailing Address 2925 Catalina Street

City State Zip Code
Miami FL 33133-3718

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Azamara Club Cruises AVP Hotel Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 08 / 2011
Transaction ID: A0B075B32D1654DC38E2

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Guillermo Villa

Mailing Address 5774 SW 131 Terrace

City State Zip Code
Pinecrest FL 33156-7260

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Royal Caribbean Cruises VP - Total Rewards

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2011
Transaction ID: AE93C92E40D6D40D7B56

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dwayne Warner

Mailing Address 3906 SW 190 Ave

City State Zip Code
Miramar FL 33029-2726

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Carnival Cruise Lines VP Acting CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 17 / 2011
Transaction ID: A7BFDB42F586F4B429C6

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) 1900.00

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 27 / 44
	<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) Paul T. Weber		Date of Receipt
	Mailing Address 3633 Heron Ridge Ln		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Weston	FL	33331-3708
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Carnival Cruise Lines		Occupation Vice President	Transaction ID: AE0AE70AACD564297926
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="700.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="700.00"/>

B.	Full Name (Last, First, Middle Initial) Brenda Yester		Date of Receipt
	Mailing Address 14390 Stirling Rd		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Southwest Ranches	FL	33330-2904
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Carnival Cruise Lines		Occupation SVP Revenue Management	Transaction ID: A141B028A3FA949BCB2F
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) Giovanni Zanotti		Date of Receipt
	Mailing Address 3655 NW 87th Avenue		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Doral	FL	33178-2418
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Carnival Corporation		Occupation VP, Strategic Sourcing	Transaction ID: A14AD6F02224B4CB991C
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1000.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2200.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="61365.00"/>

**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 28 / 44

<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) Bill Nelson for U.S. Senate</p> <p>Mailing Address 500 RED SAIL WAY</p> <p>City SATELITE BEACH State FL Zip Code 32937</p> <p>Purpose of Disbursement FL US Senate</p> <p>Candidate Name Sen. Bill Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAD05F55B28FF435195B</p> <p>Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B. 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 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B21DBE48C806B40DDB56</p> <p>Date of Disbursement 05 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CALIFORNIA VOTE 2010</p> <p>Mailing Address 430 S CAPITOL ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement VOID - 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: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p>Transaction ID: B0264F725B7A84B80824</p> <p>Date of Disbursement 05 / 12 / 2011</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) 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 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 State: MA District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2C7FE4634908460B868</p> <p>Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Castor for Congress</p> <p>Mailing Address P.O. Box 5419</p> <p>City Tampa State FL Zip Code 33675</p> <p>Purpose of Disbursement FL 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0D3ED910064C4AB285A</p> <p>Date of Disbursement 05 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens for Tom Petri</p> <p>Mailing Address PO Box 270</p> <p>City Fond Du Lac State WI Zip Code 54936</p> <p>Purpose of Disbursement WI US House</p> <p>Candidate Name Rep. Tom E. Petri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA15B1F2916CD4841984</p> <p>Date of Disbursement 01 / 21 / 2011</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

A. Full Name (Last, First, Middle Initial) Citizens for Tom Petri <hr/> Mailing Address PO Box 270 <hr/> City State Zip Code Fond Du Lac WI 54936 <hr/> Purpose of Disbursement VOID - WI-06 US House <hr/> Candidate Name Rep. Tom E. Petri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD8F7CFE639634F50916 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 1
	Amount of Each Disbursement this Period -1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Citizens to Elect Rick Larsen <hr/> Mailing Address PO BOX 326 <hr/> City State Zip Code EVERETT WA 98206 <hr/> Purpose of Disbursement WA - 2 US House <hr/> Candidate Name Rep. Rick Larsen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6A8A074209A84E5CAD1 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Dan 10 <hr/> Mailing Address 1088 BISHOP STREET SUITE 1009 <hr/> City State Zip Code HONOLULU HI 96813 <hr/> Purpose of Disbursement VOID - Political Contribution <hr/> Candidate Name Sen. Daniel K. Inouye <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8ABF7458943F4238BC6 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 1
	Amount of Each Disbursement this Period -2000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	-2000.00
TOTAL 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)

<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) DANPAC</p> <p>Mailing Address 1088 Bishop Street Suite 1009</p> <p>City Honolulu State HI Zip Code 96813</p> <p>Purpose of Disbursement VOID - 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: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p>Transaction ID: B3DA0C123C1994B7C8CE</p> <p>Date of Disbursement 05 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>B. 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 A. 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B24177966330F403DA45</p> <p>Date of Disbursement 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Duncan for Congress</p> <p>Mailing Address PO Box 2646</p> <p>City Knoxville State TN Zip Code 37901</p> <p>Purpose of Disbursement TN US House</p> <p>Candidate Name Rep. John J. Duncan, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B407470DA26BB4323BB8</p> <p>Date of Disbursement 05 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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.</p> <p>Full Name (Last, First, Middle Initial) Duncan for Congress</p> <p>Mailing Address PO Box 2646</p> <p>City Knoxville State TN Zip Code 37901</p> <p>Purpose of Disbursement TN - 2 US House</p> <p>Candidate Name Rep. John J. Duncan, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 02</p>	<p>Transaction ID: B125917665FEE4D26BF7</p> <p>Date of Disbursement 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address 422 C Street, NE Lower level</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement VOID - NV-US Senate</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1B6664C78E22412BA14</p> <p>Date of Disbursement 05 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>C.</p> <p>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 VOID - Political Contribution</p> <p>Candidate Name Sen. Barbara Boxer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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: BDAE3CF50B7374ABFAAA</p> <p>Date of Disbursement 05 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-2000.00

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.</p> <p>Full Name (Last, First, Middle Initial) Friends of Bennie Thompson</p> <p>Mailing Address PO Box 100</p> <p>City Bolton State MS Zip Code 39041</p> <p>Purpose of Disbursement VOID - MS-02 US House</p> <p>Candidate Name Rep. Bennie G. Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MS District: 02</p>	<p>Transaction ID: B65A3A7BBB64A4DF7939</p> <p>Date of Disbursement 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends of Bennie Thompson</p> <p>Mailing Address PO Box 100</p> <p>City Bolton State MS Zip Code 39041</p> <p>Purpose of Disbursement MS-02 US HOUSE</p> <p>Candidate Name Rep. Bennie G. Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MS District: 02</p>	<p>Transaction ID: B46037C44FAA14AF2805</p> <p>Date of Disbursement 04 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends of Bennie Thompson</p> <p>Mailing Address PO Box 100</p> <p>City Bolton State MS Zip Code 39041</p> <p>Purpose of Disbursement MS US House</p> <p>Candidate Name Rep. Bennie G. Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MS District: 02</p>	<p>Transaction ID: B8CE1E79C9E004234A42</p> <p>Date of Disbursement 05 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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 Cliff Stearns</p> <p>Mailing Address P.O. Box 308</p> <p>City Silver Springs State FL Zip Code 34489</p> <p>Purpose of Disbursement VOID - FL-06 US House</p> <p>Candidate Name Rep. Cliff B. Stearns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4100F1DF54004F1888D</p> <p>Date of Disbursement 05 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Cliff Stearns</p> <p>Mailing Address P.O. Box 308</p> <p>City Silver Springs State FL Zip Code 34489</p> <p>Purpose of Disbursement FL - 6 US House</p> <p>Candidate Name Rep. Cliff B. Stearns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B80884E63612340C8841</p> <p>Date of Disbursement 06 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Doc Hastings</p> <p>Mailing Address PO BOX 2926</p> <p>City PASCO State WA Zip Code 99302</p> <p>Purpose of Disbursement WA - 4 US House</p> <p>Candidate Name Rep. Doc Hastings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B525ED777EAA44E3C9A5</p> <p>Date of Disbursement 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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)

PAGE 35 / 44

<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 Frank Wolf</p> <p>Mailing Address P.O.Box 710235</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement VOID - VA-10 US House</p> <p>Candidate Name Rep. Frank R. Wolf</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B32F7513D3EBA486BA28</p> <p>Date of Disbursement 05 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Gibbs for Congress</p> <p>Mailing Address 6992 TR 466</p> <p>City LAKEVILLE State OH Zip Code 44638</p> <p>Purpose of Disbursement OH - 18 US House</p> <p>Candidate Name Rep. Bob Gibbs</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B90EB6549B57647E38CA</p> <p>Date of Disbursement 06 / 23 / 2011</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 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BFB82522BB5AF41EB93E</p> <p>Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)

PAGE 36 / 44

<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) John D. Dingell for Congress	Transaction ID: BA820155EDE82411CBE7 Date of Disbursement
	Mailing Address 607 14th Street, NW Suite 800	<input type="text" value="05"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement VOID - MI-15 US House	<input type="text" value="-1000.00"/>
	Candidate Name Rep. John D. Dingell	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John D. Dingell for Congress	Transaction ID: BF35370BA48C7469AB2C Date of Disbursement
	Mailing Address 607 14th Street, NW Suite 800	<input type="text" value="06"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement MI - 15 US House	<input type="text" value="1000.00"/>
	Candidate Name Rep. John D. Dingell	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Keep Nick Rahall in Congress Committee	Transaction ID: BB91F2B66A0C849F4ADC Date of Disbursement
	Mailing Address P.O. Box 64	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Beckley State WV Zip Code 25802	Amount of Each Disbursement this Period
	Purpose of Disbursement WV US House	<input type="text" value="1000.00"/>
	Candidate Name Rep. Nick J. Rahall, II	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 37 / 44

<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) Keep Nick Rahall in Congress Committee</p> <p>Mailing Address P.O. Box 64</p> <p>City Beckley State WV Zip Code 25802</p> <p>Purpose of Disbursement VOID - WV-4 US House</p> <p>Candidate Name Rep. Nick J. Rahall, II</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B74CD6DB5B9A947809CD</p> <p>Date of Disbursement 05 / 12 / 2011</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 P.O. Box 775</p> <p>City Marmora State NJ Zip Code 08223</p> <p>Purpose of Disbursement NJ 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B76897A9CE03141C5AB1</p> <p>Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LoBiondo for Congress</p> <p>Mailing Address P.O. Box 775</p> <p>City Marmora State NJ Zip Code 08223</p> <p>Purpose of Disbursement VOID - 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7705BD7E9F304B8AA95</p> <p>Date of Disbursement 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	-1000.00
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) LoBiondo for Congress</p> <p>Mailing Address P.O. Box 775</p> <p>City Marmora State NJ Zip Code 08223</p> <p>Purpose of Disbursement NJ 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</p> <p>State: NJ District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD867FA435DED412FB9E</p> <p>Date of Disbursement 04 / 05 / 2011</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 P.O. Box 775</p> <p>City Marmora State NJ Zip Code 08223</p> <p>Purpose of Disbursement NJ 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</p> <p>State: NJ District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B62AA0060AD1F4C4C847</p> <p>Date of Disbursement 05 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LONG LEAF PINE PAC</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2011</p>	<p>Transaction ID: B9A91E435F6FB404DBAA</p> <p>Date of Disbursement 05 / 03 / 2011</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)

<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) Lori Edwards Campaign Committee</p> <p>Mailing Address P.O. Box 280</p> <p>City Eagle Lake State FL Zip Code 33839</p> <p>Purpose of Disbursement VOID - FL-12 US House</p> <p>Candidate Name Lori Edwards</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAD8FB71E279B465AAE9</p> <p>Date of Disbursement 05 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MARCO RUBIO FOR US SENATE</p> <p>Mailing Address 2030 SOUTH DOUGLAS ROAD SUITE 105</p> <p>City CORAL GABLES State FL Zip Code 33134</p> <p>Purpose of Disbursement Debt Retirement</p> <p>Candidate Name Marco Rubio</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B41CA2F0258804A79A6F</p> <p>Date of Disbursement 05 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MARK CRITZ FOR CONGRESS COMMITTEE</p> <p>Mailing Address 551 MAIN STREET SUITE 120</p> <p>City JOHNSTOWN State PA Zip Code 15901</p> <p>Purpose of Disbursement PA US House</p> <p>Candidate Name Mark Critz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE2B99AA6EEC94C698F8</p> <p>Date of Disbursement 05 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)

PAGE 40 / 44

<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) Menendez for Senate</p> <p>Mailing Address PO Box 848</p> <p>City Union City State NJ Zip Code 07087</p> <p>Purpose of Disbursement NJ US Senate</p> <p>Candidate Name Sen. Robert Menendez</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9FEB028D530C4D76BDE</p> <p>Date of Disbursement 06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mica for Congress</p> <p>Mailing Address P.O. Box 181546</p> <p>City Casselberry State FL Zip Code 32718</p> <p>Purpose of Disbursement FL - 7 US House</p> <p>Candidate Name Rep. John L. Mica</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0CBDFB27465B46C7A68</p> <p>Date of Disbursement 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) M-PAC</p> <p>Mailing Address 607 14TH STREET, NW, SUITE 800</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement VOID - Political Contribution</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: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p>Transaction ID: BBDCE98AA7027442483D</p> <p>Date of Disbursement 05 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)

PAGE 41 / 44

<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) People for Patty Murray <hr/> Mailing Address P.O. Box 3662 <hr/> City Seattle State WA Zip Code 98124 <hr/> Purpose of Disbursement VOID - WA-US Senate <hr/> Candidate Name Sen. Patty Murray <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B695FB2C47B734DC79B6 Date of Disbursement 05 / 12 / 2011
	Amount of Each Disbursement this Period -2000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Rangel for Congress <hr/> Mailing Address P.O. Box 5577 <hr/> City MANHATTANVILLE St State NY Zip Code 10027 <hr/> Purpose of Disbursement VOID - NY-15 US House <hr/> Candidate Name Rep. Charles B. Rangel <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6710D27B46AF47FC88D Date of Disbursement 04 / 01 / 2011
	Amount of Each Disbursement this Period -1000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Rangel for Congress <hr/> Mailing Address P.O. Box 5577 <hr/> City MANHATTANVILLE St State NY Zip Code 10027 <hr/> Purpose of Disbursement NY-15 US HOUSE <hr/> Candidate Name Rep. Charles B. Rangel <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA597707C242F4190B43 Date of Disbursement 04 / 05 / 2011
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	-1000.00
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)

PAGE 42 / 44

<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) Rangel for Congress</p> <p>Mailing Address P.O. Box 5577</p> <p>City MANHATTANVILLE St State NY Zip Code 10027</p> <p>Purpose of Disbursement NY US House</p> <p>Candidate Name Rep. Charles B. Rangel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B58ABF56CE04C473F95D</p> <p>Date of Disbursement 05 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Rangel for Congress</p> <p>Mailing Address P.O. Box 5577</p> <p>City MANHATTANVILLE St State NY Zip Code 10027</p> <p>Purpose of Disbursement VOID - NY-15 US House</p> <p>Candidate Name Rep. Charles B. Rangel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY 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: BA59B18E8DC274BE5AAA</p> <p>Date of Disbursement 05 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Rangel for Congress</p> <p>Mailing Address P.O. Box 5577</p> <p>City MANHATTANVILLE St State NY Zip Code 10027</p> <p>Purpose of Disbursement NY - 15 US House</p> <p>Candidate Name Rep. Charles B. Rangel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8C436154AB7E472495C</p> <p>Date of Disbursement 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)

PAGE 43 / 44

<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) Ros-Lehtinen for Congress <hr/> Mailing Address PO Box 52-2784 <hr/> City Miami State FL Zip Code 33152 <hr/> Purpose of Disbursement FL 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6CD73D036B0549918E6 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. 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 VOID - 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0AA0E7C629C4449AB71 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 1
	Amount of Each Disbursement this Period -1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SANDY ADAMS FOR CONGRESS <hr/> Mailing Address PO BOX 1566 <hr/> City ORLANDO State FL Zip Code 32802 <hr/> Purpose of Disbursement FL US House <hr/> Candidate Name Sandy Adams <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B48E7EFD4E06B4CBBA20 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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) Serrano for Congress Mailing Address PO Box 5577 City New York State NY Zip Code 10027 Purpose of Disbursement VOID - NY-16 US House Candidate Name Rep. Jose E. Serrano Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 16 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1C51C16D75834BC4A4E Date of Disbursement 05 / 12 / 2011
	Amount of Each Disbursement this Period -1000.00
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 Purpose of Disbursement MI US House 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B07A1C3D408C340ECBBA Date of Disbursement 05 / 03 / 2011
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

1550.00