

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Bert Van Middendorp		Date of Receipt MM / DD / YYYY 03 / 16 / 2015
Mailing Address 2925 Catalina St		Transaction ID : AD1E85B951C584BB4AA1
City Miami	State FL	Zip Code 33133-3718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Azamara Club Cruises	Occupation AVP Hotel Operations	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dwayne Warner		Date of Receipt MM / DD / YYYY 03 / 27 / 2015
Mailing Address 3906 SW 190th Ave		Transaction ID : AD9E28947D85F467A9E2
City Miramar	State FL	Zip Code 33029-2726
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carnival Cruise Lines	Occupation VP Information Systems	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Carolyn Webster		Date of Receipt MM / DD / YYYY 03 / 16 / 2015
Mailing Address 9850 Quail Cove Ct		Transaction ID : A0099E713196446328FD
City Windermere	State FL	Zip Code 34786-8012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Disney Cruise Line	Occupation Director Risk Management & Medical Ser	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	