

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Cruise Lines International Association PAC (CLIA PAC)

ADDRESS (number and street) 1201 F Street NW Suite 250 Washington DC 20004

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 03 / 01 / 2016 through 03 / 31 / 2016

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 McGarry

Signature of Treasurer Michael McGarry [Electronically Filed] Date 04 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="34473.09"/>	<input type="text" value="34473.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="38173.09"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="28200.00"/>	<input type="text" value="45900.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="66373.09"/>	<input type="text" value="80373.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17000.00"/>	<input type="text" value="31000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="49373.09"/>	<input type="text" value="49373.09"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2016 To: M M / D D / Y Y Y Y 03 / 31 / 2016

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).....	24050.00	39350.00
(ii) Unitemized .....	3650.00	6050.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27700.00	45400.00
(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) .....	27700.00	45400.00
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.....	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	28200.00	45900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28200.00	45900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	31000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17000.00	31000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17000.00	31000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	27700.00	45400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27700.00	45400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Michael Bayley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5851 N. Bayshore Dr  
 City Miami State FL Zip Code 33137-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Royal Caribbean International Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 02 / 2016  
**Transaction ID : A6C043617658C4814AF0**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. Colleen Fain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Arvida Pkwy  
 City Miami State FL Zip Code 33156-2325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Homemaker Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 02 / 2016  
**Transaction ID : AA5318F00689548F7B5C**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Richard D. Fain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Arvida Pkwy  
 City Miami State FL Zip Code 33156-2325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Royal Caribbean Cruises Occupation Chairman & CEO  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 02 / 2016  
**Transaction ID : A17C01C34018D44D4A6A**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Charles Fuchs**  
Full Name (Last, First, Middle Initial)

Mailing Address 19254 S Gardenia Ave

City Weston State FL Zip Code 33332-4404

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

Name of Employer: Carnival Corporation Occupation: Director Technology Audit Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 02 / 2016  
**Transaction ID : AEB2D4E8F130743D78E2**

Amount of Each Receipt this Period: 250.00

Memo Item

**B. Brian Brennan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1600 Victoria Pointe Cir

City Weston State FL Zip Code 33327-1301

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

Name of Employer: Carnival Corporation Occupation: Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 03 / 2016  
**Transaction ID : A8C5AAC767D884F99BCA**

Amount of Each Receipt this Period: 250.00

Memo Item

**C. Adam Goldstein**  
Full Name (Last, First, Middle Initial)

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 ▼ 5000.00

Date of Receipt: 03 / 03 / 2016  
**Transaction ID : AFD2E3AF045124A93B0C**

Amount of Each Receipt this Period: 5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Michael H. Kaczmarek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1410 Lacosta Dr W  
 City State Zip Code  
 Pembroke Pines FL 33027-2305  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2016  
**Transaction ID : A2F0291C6E8E1423EBC2**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Eleni Kalisch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1925 Brickell Ave # 1511  
 City State Zip Code  
 Miami FL 33129-1737  
 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 ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2016  
**Transaction ID : AAF0F894BA85B4F6AA9D**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Larry Pimentel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5530 Riviera Dr  
 City State Zip Code  
 Coral Gables FL 33146-2747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Azamara Club Cruises President & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2016  
**Transaction ID : A4A608B43470948FF998**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dwayne Warner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3906 SW 190th Ave  
 City Miramar State FL Zip Code 33029-2726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carnival Cruise Lines Occupation VP Information Systems  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 03 / 2016**  
**Transaction ID : AEBE990BB83F34583BD6**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. John Harshaw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10623 SW 26th Ct  
 City Davie State FL Zip Code 33328-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carnival Cruise Lines Occupation Director IS Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 05 / 2016**  
**Transaction ID : AEA2509F0168C4D0AA64**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Jo-Ann Arndt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5212 Overview Ct  
 City Orlando State FL Zip Code 32819-3853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Disney Cruise Line Occupation Vice President Shoreside Travel Operat  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 25 / 2016**  
**Transaction ID : A4B68719B27DA46CB8B7**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Karl Holz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6139 S Hampshire Ct  
 City Windermere State FL Zip Code 34786-5623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Walt Disney Company Occupation President DCL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : AE745E1D48FA1437DAE8**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Rena Langley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2009 Westover Reserve Blvd  
 City Windermere State FL Zip Code 34786-6211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Disney Cruise Line Occupation VP Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A7BFDC899B80F47B8A0E**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. James Stockton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 W Fawsett Rd  
 City Winter Park State FL Zip Code 32789-6015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Disney Cruise Line Occupation Assistant Chief Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A551F3D120C194495B04**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Carolyn Webster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9850 Quail Cove Ct  
 City Windermere State FL Zip Code 34786-8012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Disney Cruise Line Occupation Director Risk Management & Medical Ser  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A049D1A0969F74250854**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Paul S. Jarvis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 276 Landings Blvd  
 City Weston State FL Zip Code 33327-1116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carnival Corporation Occupation Vice President of Casino Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2016  
**Transaction ID : AD98C2395A7694A7C8D2**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	24050.00

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

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

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

**A. Friends of John Thune**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 841  
 City State Zip Code  
 Sioux Falls SD 57101-0841  
 FEC ID number of contributing federal political committee. **C** C00409581  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : A07B6B5A23AE4412CA1E**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Partial Refund of 2/2/16 Contribution

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Bill Shuster for Congress**

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Bill Franklin Shuster**

Office Sought:  House  Senate  President  
State: PA District: 09  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

**Transaction ID : BDF6470F4AAA041BF81B**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bill Shuster for Congress**

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Bill Franklin Shuster**

Office Sought:  House  Senate  President  
State: PA District: 09  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

**Transaction ID : BE2A67066506B49B9948**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Brady for Congress**

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Kevin Brady**

Office Sought:  House  Senate  President  
State: TX District: 08  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

**Transaction ID : B8C940DC7A71E4627A4A**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Charles Boustany Jr. MD for Congress, Inc.**

Mailing Address P.O. Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Charles W Boustany JR**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: LA District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

**Transaction ID : B9859E442453C462B810**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Crenshaw for Congress Campaign**

Mailing Address 7235 Bonneval Road Suite 228

City Jacksonville State FL Zip Code 32256-7506

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Ander Crenshaw**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: FL District: 04

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

**Transaction ID : B83D27200AC2A41B79D2**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Comm**

Mailing Address 430 South Capitol St., SE 2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution to Committee

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: District: Other2016

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

**Transaction ID : B457409DD91F446B1889**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Tim Scott for Senate**

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Timothy E Scott**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: SC District:

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

Transaction ID : **B631E3FBA816749EE802**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wyden For Senate**

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232-2915

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Sen. Ron Wyden**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OR District:

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

Transaction ID : **BA72E0B9B0D584C1CA32**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

5000.00

17000.00