

**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 28
	<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. 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2013
Transaction ID : A516F915314414F4AB25

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 1410 Lacosta Dr W

City Pembroke Pines State FL Zip Code 33027-2305

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

Name of Employer Carnival Corporation Occupation 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
 10 / 30 / 2013
Transaction ID : A35856B4B6BFB43B3849

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1925 Brickell Ave # 1511

City Miami State FL Zip Code 33129-1737

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

Name of Employer Royal Caribbean Cruises Occupation 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
 07 / 19 / 2013
Transaction ID : AED9A97DC43DE4F4B96D

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	