

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
NCL America Inc. Political Action Committee

ADDRESS (number and street) 7665 Corporate Center Drive
 Check if different than previously reported. (ACC)
Miami FL 33126

2. **FEC IDENTIFICATION NUMBER** C00388611
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 2007 through 06 30 2007

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 Mr. Lincoln Vidal

Signature of Treasurer Electronically Filed by Mr. Lincoln Vidal Date 07 16 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
NCL America Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		96146.58
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	96146.58									
(c) Total Receipts (from Line 19)	5220.44	5220.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	101367.02	101367.02								
7. Total Disbursements (from Line 31)	16128.45	16128.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	85238.57	85238.57								
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
NCL America Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	4450.00	4450.00
(i) Itemized (use Schedule A)	475.00	475.00
(ii) Unitemized	4925.00	4925.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4925.00	4925.00
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.)	295.44	295.44
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))	5220.44	5220.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5220.44	5220.44

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	16000.00	16000.00
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.....	128.45	128.45
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))..	16128.45	16128.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	16128.45	16128.45

DETAILED SUMMARY PAGE
of Disbursements

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)	4925.00	4925.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4925.00	4925.00
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NCL America Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms Terri Burke

Mailing Address 7665 Corporate Center Drive

City State Zip Code
Miami FL 33126

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

Name of Employer Occupation
Norwegian Cruise Line Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2007

Transaction ID: SA11A1.5285

Amount of Each Receipt this Period
500.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Dana Leibovitz

Mailing Address 7665 Corporate Center Drive

City State Zip Code
Miami FL 33126

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

Name of Employer Occupation
Norwegian Cruise Line SVP - Casino Operations & VIP Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.5272

Amount of Each Receipt this Period
1000.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Niklas Peterstam

Mailing Address 7665 Corporate Center Drive

City State Zip Code
Miami FL 33126

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

Name of Employer Occupation
Norwegian Cruise Line VP, Marine Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2007

Transaction ID: SA11A1.5291

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 11
	<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)
NCL America Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms Karen Sinclair

Mailing Address 7665 Corporate Center Drive

City State Zip Code
Miami FL 33126

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

Name of Employer Occupation
Norwegian Cruise Line VP, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: SA11A1.5281

Amount of Each Receipt this Period
500.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Robert Thye

Mailing Address 7665 Corporate Center Drive

City State Zip Code
Miami FL 33126

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

Name of Employer Occupation
Norwegian Cruise Line Senior VP, Revenue Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2007

Transaction ID: SA11A1.5283

Amount of Each Receipt this Period
1200.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Alan Yamamoto

Mailing Address 700 Bishop Street Suite 900

City State Zip Code
Honolulu HI 96813

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

Name of Employer Occupation
NCL America VP and Managing Director, Hawaii Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: SA11A1.5273

Amount of Each Receipt this Period
1000.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	2700.00
TOTAL This Period (last page this line number only)	▶	4450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NCL America Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
BankUnited FSB

Mailing Address 7815 NW 148th Street

City State Zip Code
Miami Lakes FL 33016

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.44

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA17.5293

Amount of Each Receipt this Period
295.44

Bank Account Interest

SUBTOTAL of Receipts This Page (optional)	▶	295.44
TOTAL This Period (last page this line number only)	▶	295.44

**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 9 / 11

<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)
NCL America Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. ABERCROMBIE FOR CONGRESS		Transaction ID: SB23.5298 Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address c/o 1357 Kapiolani Blvd. Ste. 1005 c/o 1357 Kapiolani Blvd. Ste. 1005		Amount of Each Disbursement this Period 5000.00
City Honolulu State HI Zip Code 96814	Purpose of Disbursement Check <input type="checkbox"/>	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI District: 01		

Full Name (Last, First, Middle Initial) B. ABERCROMBIE FOR CONGRESS		Transaction ID: SB23.5310 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address c/o 1357 Kapiolani Blvd. Ste. 1005 c/o 1357 Kapiolani Blvd. Ste. 1005		Amount of Each Disbursement this Period 5000.00
City Honolulu State HI Zip Code 96814	Purpose of Disbursement Check <input type="checkbox"/>	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI District: 01		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JIM OBERSTAR		Transaction ID: SB23.5297 Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2007
Mailing Address 1017 8th St. NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Check <input type="checkbox"/>	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 08		

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
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 10 / 11

<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)
NCL America Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
FRIENDS OF SENATOR CARL LEVIN

Mailing Address 10 G STREET NE, SUITE 470

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Check

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5299

Date of Disbursement

03 / 07 / 2007

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
IKE SKELTON FOR CONGRESS COMMITTEE

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement
Check

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 04

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5308

Date of Disbursement

03 / 16 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

16000.00

**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 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NCL America Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Financial Agent - Federal Tax Deposit Processing

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197

Purpose of Disbursement Tax Form 1120POL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB29.5306

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	128.45
TOTAL This Period (last page this line number only)	128.45