

**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 17
	<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. CRLENJAK, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2571 NW 107TH AVENUE
 City CORAL SPRINGS State FL Zip Code 33065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NCLH Occupation (for Individual) V.P. - CONSUMER SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2018
Transaction ID : SA11AI.4187
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. DEL RIO, FRANK, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 TAHITI BEACH ISLAND ROAD
 City CORAL GABLES State FL Zip Code 33143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORWEGIAN CRUISE LINE HOLDINGS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 29 / 2018
Transaction ID : SA11AI.4174
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

C. DOBBINS, QUINBY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5920 SW 117TH STREET
 City CORAL GABLES State FL Zip Code 33156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CARNIVAL CORPORATION Occupation (for Individual) CHIEF CORPORATE CONTROLLER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 27 / 2018
Transaction ID : SA11AI.4130
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	