

**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 17
<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. DUFFY, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 VENETIAN WAY  
 APT. 1203  
 City MIAMI BEACH State FL Zip Code 33139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARNIVAL CRUISE LINE Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2018  
**Transaction ID : SA11AI.4180**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**B. EWART, VIVIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1051 SW 91 AVENUE  
 City PLANTATION State FL Zip Code 33324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NCL Occupation (for Individual) SVP PASSANGER SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2018  
**Transaction ID : SA11AI.4182**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**C. FARKAS, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5840 SW 117 STREET  
 City CORAL GABLES State FL Zip Code 33156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NCC Occupation (for Individual) GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2018  
**Transaction ID : SA11AI.4159**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	