

**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 / 37
	<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

A. Full Name (Last, First, Middle Initial)
Christine Arnholt

Mailing Address 649 Curtiswood Dr.

City State Zip Code
Key Biscayne FL 33149

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

Name of Employer Occupation
Carnival Cruise Lines Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2007

Transaction ID: 70711.C3121

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Robert W. Beh

Mailing Address 11790 S.W. 24th Street

City State Zip Code
Davie FL 33325

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

Name of Employer Occupation
Carnival Cruise Lines VP Security/Surveillance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2007

Transaction ID: 70711.C3129

Amount of Each Receipt this Period
400.00

Receipt

C. Full Name (Last, First, Middle Initial)
Robert Bender

Mailing Address 1610 NE 105th St

City State Zip Code
Miami FL 33138

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

Name of Employer Occupation
Carnival Corporation Marketing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2007

Transaction ID: 70608.C3069

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	