

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA PAC)

ADDRESS (number and street) 1201 F STREET NW SUITE 250 WASHINGTON DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT NEW OR AMENDED C C00432393 x (N) (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 01 / 2018 through 04 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. MCGARRY, MICHAEL, , , Type or Print Name of Treasurer

Signature of Treasurer MCGARRY, MICHAEL, , , [Electronically Filed] Date 05 / 18 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA PAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		17625.09
(b) Cash on Hand at Beginning of Reporting Period.....	42975.09	
(c) Total Receipts (from Line 19) .....	44400.00	85750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	87375.09	103375.09
7. Total Disbursements (from Line 31).....	7200.00	23200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	80175.09	80175.09
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA PAC)**

Report Covering the Period: From:  /  /  To:  /  /

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		
(i) Itemized (use Schedule A).....	44000.00	83850.00
(ii) Unitemized .....	400.00	1900.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	44400.00	85750.00
(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) .....	44400.00	85750.00
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.).....	0.00	0.00
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 Transfers (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)).....▶	44400.00	85750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	44400.00	85750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	7000.00	23000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	200.00	200.00
(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)).....	200.00	200.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	7200.00	23200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7200.00	23200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	44400.00	85750.00
34. Total Contribution Refunds (from Line 28(d)) .....	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44200.00	85550.00
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA PAC)**

**A. ANDERSON, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15322 SW 78TH CT  
 City PALMELTO BAY State FL Zip Code 33157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUISE LINE Occupation (for Individual) VP AND ASSISTANT GENERAL COUN  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 05 / 2018  
**Transaction ID : SA11AI.4218**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. ARISON, MADELEINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 ALHAMBRA PLAZA #1040  
 City CORAL GABLES State FL Zip Code 33134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : SA11AI.4203**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. ARISON, MICKY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 ALHAMBRA PLAZA #1040  
 City CORAL GABLES State FL Zip Code 33134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARNIVAL CRUISE LINE Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : SA11AI.4205**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 7 OF 20
<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. ATHANASIOV, KATINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14321 LAKE LANE  
 City SOUTHWEST RANCHES State FL Zip Code 33330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NCLH Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 05 / 2018**  
**Transaction ID : SA11AI.4232**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. BRAMNICK, ARNOLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7659 NEWPORT TERRANCE  
 City BOCA RATON State FL Zip Code 33433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUISE LINE Occupation (for Individual) VP/CTO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 05 / 2018**  
**Transaction ID : SA11AI.4222**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. BURKE, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13005 ORTEGA LANE  
 City N. MIAMI State FL Zip Code 33181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROYAL CARIBBEAN Occupation (for Individual) VP / RISK MANAGEMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : SA11AI.4244**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 20
<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. CABEZAS, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 418 ALMERIA AVENUE  
 City CAROL GABLES State FL Zip Code 33134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROYAL CARIBBEAN Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : SA11AI.4248**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**B. CASES, ROB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 921 SW 17TH STREET  
 City FORT LAUDERDALE State FL Zip Code 33315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUISE LINE Occupation (for Individual) SVP OF ECOMMERCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 05 / 2018**  
**Transaction ID : SA11AI.4224**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**C. CORT, WES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8304 SERENA CREEK AVENUE  
 City BOYNTON BEACH State FL Zip Code 33473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUISE LINE Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 17 / 2018**  
**Transaction ID : SA11AI.4268**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA PAC)**

**A. DIULUS, JOHN, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12871 NW 1ST STREET  
 City PLANTATION State FL Zip Code 33323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUISE LINE Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 05 / 2018  
**Transaction ID : SA11AI.4230**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. DSILVA, WESLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18530 SW 52ND STREET  
 City MIRAMAR State FL Zip Code 33029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUISE LINE Occupation (for Individual) VP REVENUE MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : SA11AI.4252**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. FAIN, COLLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 ARUIDA PARKWAY  
 City MIAMI State FL Zip Code 33156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 17 / 2018  
**Transaction ID : SA11AI.4290**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 10 OF 20
<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. FAIN, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 ARVIDA PARKWAY  
 City MIAMI State FL Zip Code 33156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROYAL CARIBBEAN CRUISES, LTD. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 17 / 2018**  
**Transaction ID : SA11AI.4292**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**B. FLANDERS, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3501 N. OCEAN DRIVE APT. 6H  
 City HOLLYWOOD State FL Zip Code 33019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUISE LINE Occupation (for Individual) SVP AND TREASURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 17 / 2018**  
**Transaction ID : SA11AI.4284**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**C. FREED, VICTORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2677 RIVIERIA CT  
 City WESTON State FL Zip Code 33332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROYAL CARIBBEAN Occupation (for Individual) SR. VP SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : SA11AI.4262**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 11 OF 20
<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. GALVAN, ISABEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2625 COLLINS AVENUE #303  
 City MIAMI BEACH State FL Zip Code 33140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCEANIA CRUISES Occupation (for Individual) VICE PRESIDENT / MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 05 / 2018  
**Transaction ID : SA11AI.4234**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. GARCIA-ROBETO, LILY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 650 WEST AVENUE APT. 2109  
 City MIAMI BEACH State FL Zip Code 33139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROYAL CARIBBEAN CRUISES Occupation (for Individual) VP GLOBAL TAX  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : SA11AI.4266**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. GRASSO, SHEMAIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3213 BIRD AVENUE  
 City MIAMI State FL Zip Code 33133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REGENT SEVEN SEAS CRUISES Occupation (for Individual) VP / NATIONAL ACCOUNTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2018  
**Transaction ID : SA11AI.4286**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 20
<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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. HANSEN, BJORN, OVE, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 04 / 05 / 2018
Mailing Address 2649 MILLER COURT			<b>Transaction ID : SA11AI.4236</b>
City WESTON	State FL	Zip Code 33332	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) NORWEGIAN CRUISE LINE HOLDING		Occupation (for Individual) VP NAUTICAL AND PORT OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. HENDERSON, ROSS, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 04 / 05 / 2018
Mailing Address 11301 NW 19TH CT			<b>Transaction ID : SA11AI.4226</b>
City PLANTATION	State FL	Zip Code 33323	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) NCLH		Occupation (for Individual) SVP ONBOARD REVENUE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. HERRON, CAROL, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 04 / 17 / 2018
Mailing Address 5 GROSSMAN STREET			<b>Transaction ID : SA11AI.4282</b>
City MELVILLE	State NY	Zip Code 11747	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) REGENT SEVEN SEAS CRUISES		Occupation (for Individual) VP / FIELD SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 13 OF 20
<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. JACOBY, ROBERTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4958 SW 88 STREET  
 City CORAL GABLES State FL Zip Code 33156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROYAL CARIBBEAN CRUISES Occupation (for Individual) MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : SA11AI.4256**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 CONTRIBUTION

**B. KLINE, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1019 W PALMETTO PARK ROAD  
 City BOCA RATON State FL Zip Code 33486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUISE LINE Occupation (for Individual) VP / ECOMMERCE DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 17 / 2018**  
**Transaction ID : SA11AI.4274**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. KLOTZ, BERNHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4100 GALT OCEAN DRIVE APT. 1106  
 City FORT LAUDERDALE State FL Zip Code 33308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUISE LINE Occupation (for Individual) VP FOOD AND BEVERAGE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 05 / 2018**  
**Transaction ID : SA11AI.4220**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 14 OF 20
<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. KOPP, DANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3204 BIRD AVENUE #112  
 City MIAMI State FL Zip Code 33133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUISE LINE Occupation (for Individual) VP / FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 05 / 2018**  
**Transaction ID : SA11AI.4240**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. KUCERA, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1688 WEST AVENUE APT. 601  
 City MIAMI BEACH State FL Zip Code 33139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUISE LINE Occupation (for Individual) VICE PRESIDENT / AIR SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : SA11AI.4260**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. LANE, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5168 SANDBOX PASS  
 City LAKE WORTH State FL Zip Code 33463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CELEBRITY CRUISES Occupation (for Individual) VP OF SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : SA11AI.4246**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 15 OF 20
<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. LEHMAN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14921 SW 147 STREET  
 City MIAMI State FL Zip Code 33196  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NCL Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2018  
**Transaction ID : SA11AI.4270**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**B. LINGSWILER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8990 SW 83RD STREET  
 City MIAMI State FL Zip Code 33173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARNIVAL CRUISE Occupation (for Individual) VP OF IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 05 / 2018  
**Transaction ID : SA11AI.4228**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**C. MARTINEZ, EDDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7990 SW 132 STREET  
 City MIAMI State FL Zip Code 33156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NCLH Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2018  
**Transaction ID : SA11AI.4276**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 16 OF 20
	<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. MOORE, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1521 TAMARIND COURT  
 City WILSON State FL Zip Code 33327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUSIE LINE Occupation (for Individual) V.P. - WEBSITE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : SA11AI.4207**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. OLIVERE, CAMILLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2831 NE 8TH CT  
 City POMPANO BEACH State FL Zip Code 33062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUISE LINE Occupation (for Individual) SVP SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2018  
**Transaction ID : SA11AI.4238**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. RITZENTHALER, DONDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5601 SAN VICENTE STREET  
 City CORAL GABLES State FL Zip Code 33146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RCL Occupation (for Individual) SVP SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : SA11AI.4258**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 17 OF 20
<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. ROTHE, GLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 332129  
 City MIAMI State FL Zip Code 33233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUSIE LINE Occupation (for Individual) V.P. - SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : SA11AI.4209**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. SCHAIER, RAIMUND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 335 S. BISCAS NE BLVD.  
 City MIAMI State FL Zip Code 33131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROYAL CARIBBEAN INTERNATIONAL Occupation (for Individual) VP / HOTEL OPS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : SA11AI.4242**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item CONTRIBUTION

**C. SOY, RANDALL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14321 LAKE LANE  
 City SOUTH RANCHES State FL Zip Code 33330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REGENT SEVEN SEAS CRUISES Occupation (for Individual) EVP MARKETING AND SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 05 / 2018  
**Transaction ID : SA11AI.4216**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 18 OF 20
<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. TUBMAN, SHAWN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 336 PALM BLVD.  
 City WESTON State FL Zip Code 33326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORWEGIAN CRUISE LINE Occupation (for Individual) VP / STRATEGIC ACCOUNTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2018  
**Transaction ID : SA11AI.4272**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. VAZQUEZ, JOSE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17925 SW 83 CT  
 City PALMETTO BAY State FL Zip Code 33157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NCL Occupation (for Individual) VP SUPPLY CHAIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2018  
**Transaction ID : SA11AI.4278**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. WEBER, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 BISCAYNE BLVD.  
 City MIAMI State FL Zip Code 33132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROYAL CARIBBEAN Occupation (for Individual) AVP / CORPORATE PLANNING  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : SA11AI.4264**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 19 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WEIR, SANDRA, , ,

Mailing Address 2540 NW 84TH AVENUE #308

City DORLA State FL Zip Code 33122

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

Name of Employer (for Individual) NORWEGIAN CRUISE LINE Occupation (for Individual) VP DESTINATION DEV. AND GOVERN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 17 / 2018

Transaction ID : SA11AI.4280

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	44000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA PAC)**

Full Name (Last, First, Middle Initial)

**A. ALASKANS FOR DAN SULLIVAN**

Mailing Address 3705 ARCTIC BLVD #447

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Category/  
Type

Candidate Name  
**SULLIVAN, DAN, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2018

FEC Identification Number

C C00570994

**Transaction ID : SB23.4294**

Amount of Each Disbursement this Period

2000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. TRUE NORTH PAC**

Mailing Address 901 N WASHINGTON ST, SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2018

FEC Identification Number

C C00571000

**Transaction ID : SB23.4299**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00
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**TOTAL** This Period (last page this line number only)..... ▶

7000.00
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