

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
International Council of Cruise Lines Political Action Committee

ADDRESS (number and street) 2111 Wilson Boulevard 8th Floor
 Check if different than previously reported. (ACC)
Arlington VA 22201

2. **FEC IDENTIFICATION NUMBER** C00303073
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 2006 through 03 31 2006

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 J. Michael Crye
Signature of Treasurer Electronically Filed by J. Michael Crye Date 07 16 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
International Council of Cruise Lines Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		25893.69
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	25893.69									
(c) Total Receipts (from Line 19)	45207.40	45207.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71101.09	71101.09								
7. Total Disbursements (from Line 31)	29000.00	29000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42101.09	42101.09								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	11500.00									
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
International Council of Cruise Lines Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	43257.40	43257.40
(i) Itemized (use Schedule A)		
(ii) Unitemized	1950.00	1950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	45207.40	45207.40
(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) ▶	45207.40	45207.40
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 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))	45207.40	45207.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	45207.40	45207.40

DETAILED SUMMARY PAGE

of Disbursements

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.....	29000.00	29000.00
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.....	0.00	0.00
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))..	29000.00	29000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29000.00	29000.00

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)	45207.40	45207.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45207.40	45207.40
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 / 23
	<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)
International Council of Cruise Lines Political Action Committee

A.	Full Name (Last, First, Middle Initial) Richard D. Ames	Date of Receipt MM / DD / YYYY 03 / 14 / 2006
	Mailing Address 1082 Deerwood Lane	Transaction ID: C2006
	City State Zip Code Weston FL 33326-2848	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Carnival Corporation Occupation: Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Jack Anderson	Date of Receipt MM / DD / YYYY 03 / 14 / 2006
	Mailing Address 1122 SE 36th St	Transaction ID: C2499
	City State Zip Code Cape Coral FL 33904	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Carnival Corporation Occupation: Vice President, Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Micky Arison	Date of Receipt MM / DD / YYYY 03 / 14 / 2006
	Mailing Address 999 Collins Ave	Transaction ID: C2763
	City State Zip Code Bal Harbour FL 33134	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Carnival Corporation Occupation: Chairman & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
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 7 / 23
	<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)
International Council of Cruise Lines Political Action Committee

A.	Full Name (Last, First, Middle Initial) Christine Arnholt	Date of Receipt MM / DD / YYYY 03 / 14 / 2006
	Mailing Address 649 Curtiswood Dr.	Transaction ID: C2553
	City State Zip Code Key Biscayne FL 33149	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Cruise Lines Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) John Ashmore	Date of Receipt MM / DD / YYYY 03 / 14 / 2006
	Mailing Address 16885 SW 6 St	Transaction ID: C2658
	City State Zip Code Pembroke Pines FL 33027	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Cruise Lines Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Robert W. Beh	Date of Receipt MM / DD / YYYY 03 / 14 / 2006
	Mailing Address 11790 S.W. 24th Street	Transaction ID: C2100
	City State Zip Code Davie FL 33325	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Cruise Lines VP Security/Surveillance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
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 8 / 23
(check only one)

<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)
International Council of Cruise Lines Political Action Committee

A.

Full Name (Last, First, Middle Initial)
David Bernstein

Mailing Address 12000 S.W. 90th Avenue

City State Zip Code
Miami FL 33176

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

Name of Employer Occupation
Carnival Corporation Sr. Vice President & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2080

Amount of Each Receipt this Period
2300.00

Receipt

B.

Full Name (Last, First, Middle Initial)
James R. Border

Mailing Address 17828 N.W. 15th Street

City State Zip Code
Pembroke Pines FL 33029

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2056

Amount of Each Receipt this Period
1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Gordon Buck

Mailing Address 10440 S.W. 48 St.

City State Zip Code
Miami FL 33165

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

Name of Employer Occupation
Carnival Cruise Lines Director Port Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2205

Amount of Each Receipt this Period
400.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **3700.00**

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 9 / 23
	<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)
International Council of Cruise Lines Political Action Committee

A.	Full Name (Last, First, Middle Initial) Gerald R. Cahill	Date of Receipt MM / DD / YYYY 03 / 14 / 2006
	Mailing Address 14641 Mustang Trail	Transaction ID: C2107
	City State Zip Code Fort Lauderdale FL 33330	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Corporation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B.	Full Name (Last, First, Middle Initial) Jose L. Campo	Date of Receipt MM / DD / YYYY 03 / 14 / 2006
	Mailing Address 11565 S.W. 96th Terrace	Transaction ID: C2026
	City State Zip Code Miami FL 33176	Amount of Each Receipt this Period 567.40
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Cruise Lines VP Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 567.40	

C.	Full Name (Last, First, Middle Initial) Pamela C. Conover	Date of Receipt MM / DD / YYYY 03 / 14 / 2006
	Mailing Address 450 W. Matheson Drive	Transaction ID: C2063
	City State Zip Code Key Biscayne FL 33149-2718	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Corporation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3817.40
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 10 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
International Council of Cruise Lines Political Action Committee

A. Full Name (Last, First, Middle Initial)
Peter Cox

Mailing Address 229 Candia Ave.

City State Zip Code
Coral Gables FL 33134

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

Name of Employer Occupation
Cunard Line Limited Dir Destination Planning & Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2753

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
J. Michael Crye

Mailing Address 2909 Woodstock Avenue

City State Zip Code
Silver Spring MD 20910

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

Name of Employer Occupation
ICCL President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2006

Transaction ID: C2952

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Myles D. Cyr

Mailing Address 11570 S.W. 96th Terrace

City State Zip Code
Miami FL 33176

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

Name of Employer Occupation
Carnival Cruise Lines Vice President CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2031

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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 11 / 23
(check only one)

<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)
International Council of Cruise Lines Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Stanford Deno

Mailing Address 24 Princess St.

City State Zip Code
Stafford VA 22554

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

Name of Employer Occupation
ICCL Director, Tech Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: C1988

Amount of Each Receipt this Period
250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Bob Dickinson

Mailing Address 29 Tahiti Beach Island

City State Zip Code
Coral Gables FL 33143

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

Name of Employer Occupation
Carnival Corporation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2709

Amount of Each Receipt this Period
5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Thomas M. Dow

Mailing Address 1818 Ontario Pl., NW

City State Zip Code
Washington DC 20009

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

Name of Employer Occupation
Princess Cruises Vice President Public Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2006

Transaction ID: C2470

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **10250.00**

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 12 / 23
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
International Council of Cruise Lines Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Peter Fiskén

Mailing Address 1359 Geranium Place

City State Zip Code
West Palm Beach FL 33414

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

Name of Employer Occupation
Carnival Corporation Dir Maritime Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2832

Amount of Each Receipt this Period
500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Howard Frank

Mailing Address 445 Grand Bay Drive

City State Zip Code
Key Biscayne FL 33149

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

Name of Employer Occupation
Carnival Corporation Vice Chairman & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2114

Amount of Each Receipt this Period
5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Victoria L. Freed

Mailing Address 2677 Riviera Court

City State Zip Code
Weston FL 33332

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

Name of Employer Occupation
Carnival Cruise Lines Sr. VP Sales & Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2045

Amount of Each Receipt this Period
500.00

Receipt

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: PAGE 13 / 23
(check only one)

<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)
International Council of Cruise Lines Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Bruce C. Good

Mailing Address 1020 BelAire Dr. West

City State Zip Code
Pembroke Pines FL 33027

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

Name of Employer Occupation
Seabourn Cruise Line Director Public Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2358

Amount of Each Receipt this Period
300.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Daniel Hanrahan

Mailing Address 808 Brickell Key Dr Unit 3806

City State Zip Code
Miami FL 33131

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

Name of Employer Occupation
Celebrity Cruises President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2977

Amount of Each Receipt this Period
5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Michael Kaczmarek

Mailing Address 1410 LaCosta Drive

City State Zip Code
Pembroke Pines FL 33027

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

Name of Employer Occupation
Carnival Corporation Director, Shipbuilding

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2123

Amount of Each Receipt this Period
560.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **5860.00**

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 14 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
International Council of Cruise Lines Political Action Committee

A. Full Name (Last, First, Middle Initial)
Joan Pietro

Mailing Address 96 Bal Cross Drive

City State Zip Code
Bal Harbour FL 33154

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

Name of Employer Occupation
Carnival Cruise Lines Staff VP Mktg & Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2684

Amount of Each Receipt this Period
400.00

Receipt

B. Full Name (Last, First, Middle Initial)
Katherine Shore

Mailing Address 17957 Dumfries Circle

City State Zip Code
Olney MD 20832

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

Name of Employer Occupation
ICCL Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: C2950

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mary C. Sloan

Mailing Address 4172 Douglas Road

City State Zip Code
Coconut Grove FL 33133

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

Name of Employer Occupation
Carnival Corporation VP, Risk Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2019

Amount of Each Receipt this Period
650.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 15 / 23
	<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)
International Council of Cruise Lines Political Action Committee

A.	Full Name (Last, First, Middle Initial) Adam Snitzer	Date of Receipt MM / DD / YYYY 03 / 14 / 2006
	Mailing Address 560 W. 51st Terrace	Transaction ID: C2163
	City State Zip Code Miami Beach FL 33140	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Corporation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Thomas Thompson	Date of Receipt MM / DD / YYYY 01 / 27 / 2006
	Mailing Address 9334 Brambly Lane	Transaction ID: C1984
	City State Zip Code Alexandria VA 22308	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation ICCL Executive VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Larry Trailer	Date of Receipt MM / DD / YYYY 03 / 14 / 2006
	Mailing Address 140 Bonaventure Blvd., Apt 204	Transaction ID: C2954
	City State Zip Code Weston FL 33326	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Corporation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	1280.00
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 16 / 23
(check only one)

<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)
International Council of Cruise Lines Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Paul T. Weber

Mailing Address 3633 Heron Ridge Lane

City State Zip Code
Weston FL 33331

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

Name of Employer Occupation
Carnival Corporation Vice President, Tech Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2781

Amount of Each Receipt this Period
600.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Brenda Yester

Mailing Address 14390 Stirling Road

City State Zip Code
Fort Lauderdale FL 33330

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

Name of Employer Occupation
Carnival Cruise Lines VP Revenue Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: C2857

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	43257.40

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"/> 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)
International Council of Cruise Lines Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Capuano for Congress</p> <p>Mailing Address P.O. Box 440305</p> <p>City Somerville State MA Zip Code 02144-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name MICHAEL E CAPUANO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E1392 Date of Disbursement 03 / 14 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Castor for Congress</p> <p>Mailing Address P.O. Box 5419</p> <p>City Tampa State FL Zip Code 33675-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name KATHY CASTOR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E1391 Date of Disbursement 03 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) John D Dingell for Congress Committee</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name JOHN D DINGELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E1636 Date of Disbursement 03 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

<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)
International Council of Cruise Lines Political Action Committee

A.	Full Name (Last, First, Middle Initial) Fortuno in Congress	Transaction ID: E1389 Date of Disbursement 02 / 10 / 2006
	Mailing Address 130 Ave Winston Churchill PMB 364	Amount of Each Disbursement this Period 1000.00
	City San Juan State PR Zip Code 00926-6065	
	Purpose of Disbursement	Category/Type
	Candidate Name LUIS FORTUNO	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hastings for Congress	Transaction ID: E1252 Date of Disbursement 02 / 10 / 2006
	Mailing Address P.O. BOX 100277	Amount of Each Disbursement this Period 1000.00
	City Fort Lauderdale State FL Zip Code 33310-	
	Purpose of Disbursement	Category/Type
	Candidate Name ALCEE L HASTINGS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 23	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hoyer for Congress	Transaction ID: E978 Date of Disbursement 02 / 10 / 2006
	Mailing Address 7905 Malcom Road, Suite 102	Amount of Each Disbursement this Period 1000.00
	City Clinton State MD Zip Code 20735-	
	Purpose of Disbursement	Category/Type
	Candidate Name STENY HAMILTON HOYER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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 19 / 23

<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)
International Council of Cruise Lines Political Action Committee

A.	Full Name (Last, First, Middle Initial) The Jefferson Committee	Transaction ID: E1245 Date of Disbursement 03 / 31 / 2006
	Mailing Address 499 S Capitol St SW	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003-4013	
	Purpose of Disbursement	Category/Type
	Candidate Name WILLIAM J. JEFFERSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee to Re-elect Bobby Jindal	Transaction ID: E1388 Date of Disbursement 02 / 10 / 2006
	Mailing Address PO Box 8628	Amount of Each Disbursement this Period 1000.00
	City Metairie State LA Zip Code 70011-8628	
	Purpose of Disbursement	Category/Type
	Candidate Name BOBBY JINDAL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Knollenberg for Congress	Transaction ID: E1363 Date of Disbursement 02 / 10 / 2006
	Mailing Address 31000 Telegraph Road #110	Amount of Each Disbursement this Period 2000.00
	City Bingham Farms State MI Zip Code 48025-	
	Purpose of Disbursement	Category/Type
	Candidate Name JOSEPH K. KNOLLENBERG	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
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)

<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)
International Council of Cruise Lines Political Action Committee

A.	Full Name (Last, First, Middle Initial) LoBiondo for Congress	Transaction ID: E1453 Date of Disbursement 03 / 31 / 2006
	Mailing Address PO Box 775	Amount of Each Disbursement this Period 1000.00
	City Marmora State NJ Zip Code 08223-	
	Purpose of Disbursement	Category/Type
	Candidate Name FRANK A LOBIONDO	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Martinez for Senate	Transaction ID: E1378 Date of Disbursement 03 / 31 / 2006
	Mailing Address 610 S. Boulevard	Amount of Each Disbursement this Period 3000.00
	City Tampa State FL Zip Code 33606-	
	Purpose of Disbursement	Category/Type
	Candidate Name MEL MARTINEZ	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Martinez for Senate	Transaction ID: E1377 Date of Disbursement 02 / 10 / 2006
	Mailing Address 610 S. Boulevard	Amount of Each Disbursement this Period 2000.00
	City Tampa State FL Zip Code 33606-	
	Purpose of Disbursement	Category/Type
	Candidate Name MEL MARTINEZ	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
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 21 / 23

<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)
International Council of Cruise Lines Political Action Committee

A.	Full Name (Last, First, Middle Initial) Menendez for Senate	Transaction ID: E1390 Date of Disbursement 03 / 31 / 2006
	Mailing Address PO Box 848	
	City State Zip Code Union City NJ 07087-0848	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement	
	Candidate Name ROBERT MENENDEZ	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Majority in Congress PAC	Transaction ID: E1393 Date of Disbursement 03 / 11 / 2006
	Mailing Address 616 E St., NW Suite 802	
	City State Zip Code Washington DC 20004-	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name MAJORITY IN CONGRESS PAC	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) People for Patty Murray	Transaction ID: E1335 Date of Disbursement 02 / 10 / 2006
	Mailing Address P.O. Box 3662	
	City State Zip Code Seattle WA 98124-	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name PATTY MURRAY	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
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)

<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)
International Council of Cruise Lines Political Action Committee

A. Full Name (Last, First, Middle Initial) ILLINOIS TOOL WORKS FOR BETTER GOVERNMENT COMMITTEE <hr/> Mailing Address 320 1st St SE <hr/> City Washington State DC Zip Code 20003-1838 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: E1358 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 5000.00		
	B. Full Name (Last, First, Middle Initial) IRL Pac <hr/> Mailing Address P.O. Box 10460 <hr/> City Burke State VA Zip Code 22009- Purpose of Disbursement <input type="text"/> <hr/> Candidate Name IRL PAC Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: E1355 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 1000.00	
		C. Full Name (Last, First, Middle Initial) Ros-Lehtinen for Congress <hr/> Mailing Address PO Box 52-2784 <hr/> City Miami State FL Zip Code 33152- Purpose of Disbursement <input type="text"/> <hr/> Candidate Name ILEANA ROS-LEHTINEN Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 18	Transaction ID: E1673 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

29000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 / 23	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
International Council of Cruise Lines Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rochelle Sumner			Nature of Debt (Purpose): Misappropriations of funds
Mailing Address 12303 Sandy Point Court			
City Silver Spring	State MD	ZIP Code 20904-	

Outstanding Balance Beginning This Period		Transaction ID: LSC2444	
11500.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	11500.00	

1) SUBTOTALS This Period This Page (optional).....	11500.00
2) TOTALS This Period (last page this line number only).....	11500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	11500.00