

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 04 01 2005 through 06 30 2005

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**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		11044.46
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	5790.59									
(c) Total Receipts (from Line 19)	60142.47	71921.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	65933.06	82966.22								
7. Total Disbursements (from Line 31)	19518.40	36551.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46414.66	46414.66								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	51195.00	62820.00
(i) Itemized (use Schedule A)	8943.00	9093.00
(ii) Unitemized	60138.00	71913.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	60138.00	71913.00
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.)	4.47	8.76
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))	60142.47	71921.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	60142.47	71921.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	18.40	51.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	18.40	51.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	36500.00
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))..	19518.40	36551.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19518.40	36551.56

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)	60138.00	71913.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60138.00	71913.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18.40	51.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18.40	51.56

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Mailing Address 1082 Deerwood Lane

City State Zip Code
Weston FL 33326-2848

FEC ID number of contributing federal political committee. C

Name of Employer: Carnival Corporation Occupation: Senior Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 21 / 2005
Transaction ID: C2005

Amount of Each Receipt this Period 1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jack Anderson

Mailing Address 1122 SE 36th St

City State Zip Code
Cape Coral FL 33904

FEC ID number of contributing federal political committee. C

Name of Employer: Carnival Corporation Occupation: Vice President, Marketing

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2005
Transaction ID: C2498

Amount of Each Receipt this Period 500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Micky Arison

Mailing Address 999 Collins Ave

City State Zip Code
Bal Harbour FL 33134

FEC ID number of contributing federal political committee. C

Name of Employer: Carnival Corporation Occupation: Chairman & CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 09 / 2005
Transaction ID: C2762

Amount of Each Receipt this Period 5000.00

Receipt

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 / 28
	<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) Christine Arnholt	Date of Receipt MM / DD / YYYY 05 / 07 / 2005
	Mailing Address 649 Curtiswood Dr.	Transaction ID: C2552
	City State Zip Code Key Biscayne FL 33149	Amount of Each Receipt this Period 300.00
	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 ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Robert W. Beh	Date of Receipt MM / DD / YYYY 04 / 12 / 2005
	Mailing Address 11790 S.W. 24th Street	Transaction ID: C2099
	City State Zip Code Davie FL 33325	Amount of Each Receipt this Period 300.00
	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 ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Robert Bender	Date of Receipt MM / DD / YYYY 05 / 25 / 2005
	Mailing Address 1610 NE 105th St	Transaction ID: C2492
	City State Zip Code Miami FL 33138	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Corporation Marketing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
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 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

<p>A. Full Name (Last, First, Middle Initial) David Bernstein</p> <p>Mailing Address 12000 S.W. 90th Avenue</p> <p>City State Zip Code Miami FL 33176</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carnival Corporation Sr. Vice President & CFO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2005</p> <p>Transaction ID: C2079</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>Receipt</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Roger Blum</p> <p>Mailing Address 363 South Hibiscus Drive</p> <p>City State Zip Code Miami FL 33139</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carnival Cruise Lines VP Cruise Operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2005</p> <p>Transaction ID: C2169</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Receipt</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) James R. Border</p> <p>Mailing Address 17828 N.W. 15th Street</p> <p>City State Zip Code Pembroke Pines FL 33029</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carnival Cruise Lines Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2005</p> <p>Transaction ID: C2055</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt</p>
--	--

SUBTOTAL of Receipts This Page (optional)	3300.00
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 / 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Gerald R. Cahill	Date of Receipt MM / DD / YYYY 04 / 12 / 2005
	Mailing Address 14641 Mustang Trail	Transaction ID: C2101
	City State Zip Code Fort Lauderdale FL 33330	Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Jose L. Campo	Date of Receipt MM / DD / YYYY 04 / 21 / 2005
	Mailing Address 11565 S.W. 96th Terrace	Transaction ID: C2025
	City State Zip Code Miami FL 33176	Amount of Each Receipt this Period 300.00
	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 ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Pamela C. Conover	Date of Receipt MM / DD / YYYY 04 / 21 / 2005
	Mailing Address 450 W. Matheson Drive	Transaction ID: C2062
	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)	3300.00
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 10 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Brendan Corrigan

Mailing Address 10718 Garden Ridge Ct

City State Zip Code
Davie FL 33328-7300

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

Name of Employer Occupation
Carnival Cruise Lines VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2005

Transaction ID: C2135

Amount of Each Receipt this Period
1000.00

Receipt

B. 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
04 / 12 / 2005

Transaction ID: C2030

Amount of Each Receipt this Period
500.00

Receipt

C. 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
04 / 21 / 2005

Transaction ID: C2708

Amount of Each Receipt this Period
5000.00

Receipt

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:	PAGE 11 / 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Rodney C. Dofort		Date of Receipt
	Mailing Address 3115 Maple Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 2 / 2 0 0 5
	City	State	Zip Code
	Fort Lauderdale	FL	33328
	FEC ID number of contributing federal political committee. C		Transaction ID: C2085
Name of Employer Carnival Corporation		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Receipt

B.	Full Name (Last, First, Middle Initial) Douglas F. Eney		Date of Receipt
	Mailing Address 317 Palm Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 8 / 2 0 0 5
	City	State	Zip Code
	Hollywood	FL	33019
	FEC ID number of contributing federal political committee. C		Transaction ID: C2038
Name of Employer Carnival Cruise Lines		Occupation VP, Systems & Tech.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Receipt

C.	Full Name (Last, First, Middle Initial) Howard Frank		Date of Receipt
	Mailing Address 445 Grand Bay Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 0 9 / 2 0 0 5
	City	State	Zip Code
	Key Biscayne	FL	33149
	FEC ID number of contributing federal political committee. C		Transaction ID: C2113
Name of Employer Carnival Corporation		Occupation Vice Chairman & COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 6000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Victoria L. Freed
Mailing Address 2677 Riviera Court
City Weston State FL Zip Code 33332
FEC ID number of contributing federal political committee. **C**
Name of Employer Carnival Cruise Lines Occupation Sr. VP Sales & Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 12 / 2005
Transaction ID: C2044
Amount of Each Receipt this Period 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Lawrence R. Freedman
Mailing Address 7515 SW 79th Ct.
City Miami State FL Zip Code 33143
FEC ID number of contributing federal political committee. **C**
Name of Employer Carnival Corporation Occupation Vice President Corp Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 05 / 13 / 2005
Transaction ID: C2012
Amount of Each Receipt this Period 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Timothy Gallagher
Mailing Address 1429 Urbino Avenue
City Miami State FL Zip Code 33146-1927
FEC ID number of contributing federal political committee. **C**
Name of Employer Carnival Cruise Lines Occupation VP Public Relations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00
Date of Receipt 04 / 21 / 2005
Transaction ID: C2141
Amount of Each Receipt this Period 325.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 875.00
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 / 28

(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

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)

Adam Goldstein

Mailing Address 4321 Santa Maria St.

City State Zip Code
Coral Gables FL 33146

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

Name of Employer Occupation
Royal Caribbean Cruises EVP, Brand Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 5

Transaction ID: C2803

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Cheryl Goldstein

Mailing Address 4321 Santa Maria

City State Zip Code
Coral Gables FL 33146

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 5

Transaction ID: C2967

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Giora Israel

Mailing Address 11305 SW 72nd CT

City State Zip Code
Miami FL 33156

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

Name of Employer Occupation
Carnival Corporation VP Strategic Planning

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 5

Transaction ID: C2595

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10500.00

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 14 / 28
	<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) Roberta Jacoby	Date of Receipt MM / DD / YYYY 06 / 29 / 2005
	Mailing Address 4958 SW 88th Street	Transaction ID: C2835
	City State Zip Code Miami FL 33156	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 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) Paul S. Jarvis	Date of Receipt MM / DD / YYYY 05 / 07 / 2005
	Mailing Address 4355 Dogwood Circle	Transaction ID: C2236
	City State Zip Code Weston FL 33331	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Corporation Director Casino	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Michael Kaczmarek	Date of Receipt MM / DD / YYYY 04 / 21 / 2005
	Mailing Address 1410 LaCosta Drive	Transaction ID: C2122
	City State Zip Code Pembroke Pines FL 33027	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Corporation Director, Shipbuilding	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
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 15 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Robert Kirk

Mailing Address 117 Santander Avenue

City State Zip Code
Coral Gables FL 33134

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

Name of Employer Occupation
Carnival Corporation VP, Maritime Legal/Med Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2005

Transaction ID: C2147

Amount of Each Receipt this Period
265.00

Receipt

B. Full Name (Last, First, Middle Initial)
Edie Kongsberg-Bornstein

Mailing Address 1764 Victoria Pointe Circle

City State Zip Code
Weston FL 33327

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
06 / 09 / 2005

Transaction ID: C2669

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
John Kutil

Mailing Address 907 Savannah Falls Drive

City State Zip Code
Weston FL 33327

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

Name of Employer Occupation
Carnival Corporation Manager Tech. Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2005

Transaction ID: C2944

Amount of Each Receipt this Period
220.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **985.00**

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 / 28
(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

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)
Cyrus Marfatia

Mailing Address 17471 S.W. 33rd Street

City State Zip Code
Hollywood FL 33029

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

Name of Employer Occupation
Carnival Cruise Lines VP Food & Beverage

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2005

Transaction ID: C2129

Amount of Each Receipt this Period
2000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
John Meszaros

Mailing Address 2301 Collins Avenue, #1510

City State Zip Code
Miami FL 33139

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

Name of Employer Occupation
Carnival Corporation VP, Supply Chain Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2005

Transaction ID: C2861

Amount of Each Receipt this Period
1500.00

Receipt

C.

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

Mailing Address 3020 NW 125th Ave Apt 302

City State Zip Code
Sunrise FL 33323-6318

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

Name of Employer Occupation
Carnival Corporation VP Strategic Sourcing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2005

Transaction ID: C2069

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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 17 / 28
(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

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)
James OHare

Mailing Address 3973 SW 140th Ave

City State Zip Code
Davie FL 33330

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

Name of Employer Occupation
Carnival Corporation Director Casino

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2005

Transaction ID: C2352

Amount of Each Receipt this Period
300.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Arnaldo Perez

Mailing Address 10220 SW 58 Court

City State Zip Code
Miami FL 33156

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

Name of Employer Occupation
Carnival Cruise Lines VP General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2005

Transaction ID: C2345

Amount of Each Receipt this Period
1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Guillermo Rammos

Mailing Address 400 East Dilido Dr.

City State Zip Code
Miami Beach FL 33139

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

Name of Employer Occupation
Celebrity Cruises Associate Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2005

Transaction ID: C2586

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 18 / 28

(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

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)
Barbara Shrut

Mailing Address 436 Bargello Avenue

City State Zip Code
Coral Gables FL 33146

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

Name of Employer Occupation
Royal Caribbean Cruises VP Finance + Admin

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 5

Transaction ID: C2474

Amount of Each Receipt this Period

1000.00

Receipt

B.

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 ▼ 510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 5

Transaction ID: C2018

Amount of Each Receipt this Period

510.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Ian Smith

Mailing Address 6430 NW 50th Street

City State Zip Code
Fort Lauderdale FL 33319

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

Name of Employer Occupation
Carnival Cruise Lines VP Hotel Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 5

Transaction ID: C2911

Amount of Each Receipt this Period

270.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1780.00

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 19 / 28		
	<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

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) Robert Spicer		Date of Receipt MM / DD / YYYY 06 / 01 / 2005		
	Mailing Address 18454 NW 9 Ct.		Transaction ID: C2809		
	City Pembroke Pines	State FL	Zip Code 33029-3606	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Carnival Cruise Lines	Occupation Vice President	Aggregate Year-to-Date 600.00		

B.	Full Name (Last, First, Middle Initial) Terry L. Thornton		Date of Receipt MM / DD / YYYY 04 / 12 / 2005		
	Mailing Address 6901 SW 136th Street		Transaction ID: C2186		
	City Miami	State FL	Zip Code 33156	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Carnival Cruise Lines	Occupation VP Marketing & Planning	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) Juan Carlos Trueba		Date of Receipt MM / DD / YYYY 06 / 29 / 2005		
	Mailing Address 7125 S.W. 112th Court		Transaction ID: C2073		
	City Miami	State FL	Zip Code 33173	Amount of Each Receipt this Period 330.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Carnival Cruise Lines	Occupation Director of Training	Aggregate Year-to-Date 330.00		

SUBTOTAL of Receipts This Page (optional)	▶	1430.00
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 20 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Peter Villiotis

Mailing Address PO Box 825201

City State Zip Code
South Florida FL 33082

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

Name of Employer Occupation
Carnival Cruise Lines Superintendent Deck & Engine

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 29 / 2005
Transaction ID: C2547
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Cherie Weinstein

Mailing Address 15701 SW 83 Ave

City State Zip Code
Miami FL 33157

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

Name of Employer Occupation
Carnival Cruise Lines VP Group Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 01 / 2005
Transaction ID: C2790
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Richard Weinstein

Mailing Address 11620 SW 112th Ave Rd.

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 04 / 12 / 2005
Transaction ID: C2372
Amount of Each Receipt this Period: 225.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 1025.00

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 21 / 28
	(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

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) Lynn White		Date of Receipt MM / DD / YYYY 06 / 29 / 2005
Mailing Address 6100 SW 121 Street		Transaction ID: C2900
City Pinecrest	State FL	Zip Code 33156
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Royal Caribbean Cruises	Occupation VP Tax & Risk Management	Receipt
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) Brenda Yester		Date of Receipt MM / DD / YYYY 04 / 12 / 2005
Mailing Address 14390 Stirling Road		Transaction ID: C2856
City Fort Lauderdale	State FL	Zip Code 33330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carnival Cruise Lines	Occupation VP Revenue Management	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	51195.00

**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"/> 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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Corrine Brown</p> <p>Mailing Address 3109 River Bend Court, D102</p> <p>City Laurel State MD Zip Code 20724-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name CORRINE BROWN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E1079 Date of Disbursement 04 / 12 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Byron Dorgan</p> <p>Mailing Address P.O. Box 871</p> <p>City Bismarck State ND Zip Code 58502-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name BYRON L DORGAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E1308 Date of Disbursement 06 / 29 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Duncan for Congress</p> <p>Mailing Address PO Box 2646</p> <p>City Knoxville State TN Zip Code 37901-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name JOHN REP. DUNCAN, JR.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E1243 Date of Disbursement 06 / 29 / 2005</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)

PAGE 23 / 28

<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

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

<p>A. Full Name (Last, First, Middle Initial) Hagel for Senate</p> <p>Mailing Address P.O. Box 241497</p> <p>City Omaha State NE Zip Code 68124-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name CHARLES T HAGEL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E1359 Date of Disbursement 06 / 29 / 2005</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Knollenberg for Congress</p> <p>Mailing Address 31000 Telegraph Road #110</p> <p>City Bingham Farms State MI Zip Code 48025-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name JOSEPH K. KNOLLENBERG</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E1362 Date of Disbursement 06 / 29 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LoBiondo for Congress</p> <p>Mailing Address PO Box 775</p> <p>City Marmora State NJ Zip Code 08223-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name FRANK A LOBIONDO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E1379 Date of Disbursement 06 / 29 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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) Trent Lott for Mississippi <hr/> Mailing Address PO BOX 22824 <hr/> City Jackson State MS Zip Code 39225- <hr/> Purpose of Disbursement <hr/> Candidate Name C TRENT LOTT <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E1310 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Dick Lugar <hr/> Mailing Address 47 S. Meridian St. Suite 200 <hr/> City Indianapolis State IN Zip Code 46204- <hr/> Purpose of Disbursement <hr/> Candidate Name RICHARD G LUGAR <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E1360 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) The Markey Committee <hr/> Mailing Address PO Box 526 <hr/> City Medford State MA Zip Code 02155-0006 <hr/> Purpose of Disbursement <hr/> Candidate Name EDWARD J MARKEY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E1372 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 5
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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) Mica for Congress	Transaction ID: E1106 Date of Disbursement 05 / 12 / 2005
	Mailing Address P.O. Box 181546 Suite 200	Amount of Each Disbursement this Period 1000.00
	City Casselberry State FL Zip Code 32718-	
	Purpose of Disbursement	Category/Type
	Candidate Name JOHN L MICA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ILLINOIS TOOL WORKS FOR BETTER GOVERNMENT COMMITTEE	Transaction ID: E1356 Date of Disbursement 06 / 29 / 2005
	Mailing Address 320 1st St SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003-1838	
	Purpose of Disbursement	Category/Type
	Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	
	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) National Republican Cong. Comm.	Transaction ID: E1357 Date of Disbursement 06 / 08 / 2005
	Mailing Address 320 1st St SE	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20003-1838	
	Purpose of Disbursement	Category/Type
	Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
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

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) Bill Nelson for US Senate	Transaction ID: E1319 Date of Disbursement 05 / 12 / 2005
	Mailing Address 500 RED SAIL WAY	Amount of Each Disbursement this Period 1000.00
	City State Zip Code Satellite Beach FL 32937-	
	Purpose of Disbursement	Category/Type
	Candidate Name BILL NELSON	
	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) ▼

B.	Full Name (Last, First, Middle Initial) IRL Pac	Transaction ID: E1354 Date of Disbursement 04 / 13 / 2005
	Mailing Address P.O. Box 10460	Amount of Each Disbursement this Period 1000.00
	City State Zip Code Burke VA 22009-	
	Purpose of Disbursement	Category/Type
	Candidate Name IRL PAC	
	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) Friends of Cliff Stearns	Transaction ID: E1687 Date of Disbursement 05 / 12 / 2005
	Mailing Address P.O. Box 308	Amount of Each Disbursement this Period 1000.00
	City State Zip Code Silver Springs FL 34489-	
	Purpose of Disbursement	Category/Type
	Candidate Name CLIFFORD B STEARNS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) Robert Wexler for Congress Committee</p> <p>Mailing Address PO Box 810669</p> <p>City Boca Raton State FL Zip Code 33431-</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name ROBERT WEXLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E1288 Date of Disbursement 04 / 12 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Alaskans for Don Young</p> <p>Mailing Address P.O. Box 100298</p> <p>City Anchorage State AK Zip Code 99510-0298</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name DONALD E YOUNG</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E962 Date of Disbursement 04 / 12 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Alaskans for Don Young</p> <p>Mailing Address P.O. Box 100298</p> <p>City Anchorage State AK Zip Code 99510-0298</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name DONALD E YOUNG</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E963 Date of Disbursement 05 / 29 / 2005</p> <p>Amount of Each Disbursement this Period 3000.00</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	19500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 / 28
	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 State ZIP Code Silver Spring MD 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