

# 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 2006 through 06 30 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**

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	6

 To: 

M	M
0	6

D	D
3	0

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 .....	42101.09									
(c) Total Receipts (from Line 19) .....	28284.00	73491.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	70385.09	99385.09								
7. Total Disbursements (from Line 31) .....	45000.00	74000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25385.09	25385.09								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	11500.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
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	6

 To: 

M	M
0	6

D	D
3	0

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	23100.00	66357.40
(i) Itemized (use Schedule A) .....	5184.00	7134.00
(ii) Unitemized .....	28284.00	73491.40
(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) .....	28284.00	73491.40
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)) .....	28284.00	73491.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28284.00	73491.40

**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.....	45000.00	74000.00
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))..	45000.00	74000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45000.00	74000.00

**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 .....	28284.00	73491.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28284.00	73491.40
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: PAGE 6 / 30  
(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)  
Robert Bender

Mailing Address 1610 NE 105th St

City State Zip Code  
Miami FL 33138

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

Name of Employer Occupation  
Carnival Corporation Marketing Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2006

**Transaction ID:** C2493

Amount of Each Receipt this Period  
500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
John F. Billera

Mailing Address 3512 Turenne Way

City State Zip Code  
Wellington FL 33467-8061

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

Name of Employer Occupation  
Carnival Cruise Lines Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2006

**Transaction ID:** C2999

Amount of Each Receipt this Period  
500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Roger Blum

Mailing Address 363 South Hibiscus Drive

City State Zip Code  
Miami FL 33139

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

Name of Employer Occupation  
Carnival Cruise Lines VP Cruise Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID:** C3021

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 7 / 30

(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)  
Russell Bogue

Mailing Address 488 NE 90th St.

City Miami State FL Zip Code 33138

FEC ID number of contributing federal political committee. C

Name of Employer Royal Caribbean Cruises Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 14 / 2006

**Transaction ID:** C2896

Amount of Each Receipt this Period 250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Rodney C. Dofort

Mailing Address 3115 Maple Lane

City Fort Lauderdale State FL Zip Code 33328

FEC ID number of contributing federal political committee. C

Name of Employer Carnival Corporation Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 14 / 2006

**Transaction ID:** C2086

Amount of Each Receipt this Period 1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Douglas F. Eney

Mailing Address 317 Palm Street

City Hollywood State FL Zip Code 33019

FEC ID number of contributing federal political committee. C

Name of Employer Carnival Cruise Lines Occupation VP, Systems & Tech.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 21 / 2006

**Transaction ID:** C2987

Amount of Each Receipt this Period 600.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 1850.00

**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 / 30  
(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)  
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  
MM / DD / YYYY  
04 / 14 / 2006

**Transaction ID: C2804**

Amount of Each Receipt this Period  
5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Donald Habeger

Mailing Address 9300 View Drive

City State Zip Code  
Juneau AK 99801

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

Name of Employer Occupation  
Royal Caribbean Cruises Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

**Transaction ID: C2991**

Amount of Each Receipt this Period  
500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Rolf Hensche

Mailing Address 507 Sevilla Ave

City State Zip Code  
Coral Gables FL 33134-5714

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

Name of Employer Occupation  
Carnival Corporation Director F+ B Sourcing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID: C3014**

Amount of Each Receipt this Period  
300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5800.00**

**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 / 30  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Roberta Jacoby</p> <p>Mailing Address 4958 SW 88th Street</p> <p>City State Zip Code Miami FL 33156</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Carnival Cruise Lines Senior 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 ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 14 / 2006</span></p> <p><b>Transaction ID:</b> C2836</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Receipt</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Kimberly Janusz</p> <p>Mailing Address 6800 Gleneagle Dr</p> <p>City State Zip Code Miami Lakes FL 33014-6506</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Royal Caribbean Cruises Director of Marketing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 05 / 2006</span></p> <p><b>Transaction ID:</b> C3001</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Receipt</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Paul S. Jarvis</p> <p>Mailing Address 4355 Dogwood Circle</p> <p>City State Zip Code Weston FL 33331</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Carnival Corporation Director Casino</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 14 / 2006</span></p> <p><b>Transaction ID:</b> C2237</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">350.00</span></p> <p>Receipt</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1100.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 30  
(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)  
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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2006

Transaction ID: C2995

Amount of Each Receipt this Period  
250.00

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2006

Transaction ID: C2983

Amount of Each Receipt this Period  
300.00

Receipt

**C.**

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: C3016

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

**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 11 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Curtis McIntyre		Date of Receipt	
	Mailing Address 2627 S. Bayshore Drive		M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
	City	State	Zip Code	<b>Transaction ID:</b> C2982
	Miami	FL	33133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Royal Caribbean Cruises		Occupation Vice President Continuing Imp		Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) John Meszaros		Date of Receipt	
	Mailing Address 2301 Collins Avenue, #1510		M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
	City	State	Zip Code	<b>Transaction ID:</b> C2862
	Miami	FL	33139	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1200.00	
Name of Employer Carnival Corporation		Occupation VP, Supply Chain Management		Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) David Mizer		Date of Receipt	
	Mailing Address 3020 NW 125th Ave Apt 302		M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
	City	State	Zip Code	<b>Transaction ID:</b> C3020
	Sunrise	FL	33323-6318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Carnival Corporation		Occupation VP Strategic Sourcing		Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 30  
(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)  
Gardiner Nealon

Mailing Address 4500 SW 34th Dr

City State Zip Code  
Fort Lauderdale FL 33312-5516

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2006

**Transaction ID:** C3004

Amount of Each Receipt this Period  
250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Natko Nincevic

Mailing Address 3295 S.W. 117th Avenue

City State Zip Code  
Davie FL 33330

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

Name of Employer Occupation  
Carnival Cruise Lines Vice President/General Mgr.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2006

**Transaction ID:** C2093

Amount of Each Receipt this Period  
1500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Steven Ocksrider

Mailing Address 2644 Baccarat Drive

City State Zip Code  
Cooper City FL 33026

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

Name of Employer Occupation  
Carnival Corporation Dir Casino Accounting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2006

**Transaction ID:** C2873

Amount of Each Receipt this Period  
1650.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3400.00**

**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 / 30  
(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)  
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  
04 / 14 / 2006

**Transaction ID:** C2346

Amount of Each Receipt this Period  
1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Lisa Perlo

Mailing Address 921 Coco Plum Way

City State Zip Code  
Fort Lauderdale FL 33324

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

Name of Employer Occupation  
Celebrity Cruises VP Revenue Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2006

**Transaction ID:** C2979

Amount of Each Receipt this Period  
250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Maria Victoria Rey

Mailing Address 6771 Parkinsonia Drive

City State Zip Code  
Miami Lakes FL 33014

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2006

**Transaction ID:** C2956

Amount of Each Receipt this Period  
300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

**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 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rafael Sanchez	Date of Receipt MM / DD / YYYY 06 / 05 / 2006
	Mailing Address 1024 Castile Ave	<b>Transaction ID:</b> C3006
	City State Zip Code Coral Gables FL 33134-4740	Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara Shrut	Date of Receipt MM / DD / YYYY 04 / 14 / 2006
	Mailing Address 436 Bargello Avenue	<b>Transaction ID:</b> C2475
	City State Zip Code Coral Gables FL 33146	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Royal Caribbean Cruises VP Finance + Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ian Smith	Date of Receipt MM / DD / YYYY 04 / 14 / 2006
	Mailing Address 6430 NW 50th Street	<b>Transaction ID:</b> C2912
	City State Zip Code Fort Lauderdale FL 33319	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 VP Hotel Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 30
	(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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Terry L. Thornton	Date of Receipt MM / DD / YYYY 06 / 15 / 2006
	Mailing Address 6901 SW 136th Street	<b>Transaction ID:</b> C3012
	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 VP Marketing & Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Van Langen	Date of Receipt MM / DD / YYYY 06 / 05 / 2006
	Mailing Address 4738 NW 97th Court	<b>Transaction ID:</b> C3008
	City State Zip Code Miami FL 33178	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Cherie Weinstein	Date of Receipt MM / DD / YYYY 04 / 14 / 2006
	Mailing Address 15701 SW 83 Ave	<b>Transaction ID:</b> C2791
	City State Zip Code Miami FL 33157	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 Group Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 30  
(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)  
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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2006

**Transaction ID:** C2373

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Lynn White

Mailing Address 6100 SW 121 Street

City State Zip Code  
Pinecrest FL 33156

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

Name of Employer Occupation  
Royal Caribbean Cruises VP Tax & Risk Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2006

**Transaction ID:** C2989

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ► **23100.00**



**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

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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 Congressman Joe Barton Committee	Transaction ID: E1403 Date of Disbursement 05 / 12 / 2006
	Mailing Address P.O. Box 1444	Amount of Each Disbursement this Period 1000.00
	City Ennis State TX Zip Code 75120-	
	Purpose of Disbursement	Category/Type
	Candidate Name JOE LINUS BARTON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Texas for Henry Bonilla	Transaction ID: E1414 Date of Disbursement 04 / 28 / 2006
	Mailing Address PO Box 17292	Amount of Each Disbursement this Period 1000.00
	City San Antonio State TX Zip Code 78217-0292	
	Purpose of Disbursement	Category/Type
	Candidate Name HENRY BONILLA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX 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) Allen Boyd for Congress	Transaction ID: E1417 Date of Disbursement 04 / 28 / 2006
	Mailing Address P.O. Box 15703	Amount of Each Disbursement this Period 1000.00
	City Tallahassee State FL Zip Code 32317-	
	Purpose of Disbursement	Category/Type
	Candidate Name F. A BOYD, JR.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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

<p><b>A.</b> 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1406 <b>Date of Disbursement</b> 05 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Conrad Burns -2006</p> <p>Mailing Address P.O. Box 1532</p> <p>City Billings State MT Zip Code 59103-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name CONRAD BURNS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1431 <b>Date of Disbursement</b> 06 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Coble for Congress</p> <p>Mailing Address P.O. Box 1177</p> <p>City Greensboro State NC Zip Code 27402-</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name JOHN HOWARD COBLE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1416 <b>Date of Disbursement</b> 04 / 28 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mike DeWine for US Senate  Mailing Address PO Box 340188  City Columbus State OH Zip Code 43234-0188  Purpose of Disbursement <input type="text"/>  Candidate Name RICHARD MICHAEL DEWINE Category/Type <input type="text"/>  Office Sought: <input type="checkbox"/> House <input checked="" 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: OH District: 00	<b>Transaction ID:</b> E1427 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
<b>B.</b>	Full Name (Last, First, Middle Initial) Mario Diaz-Balart for Congress  Mailing Address Congressman Mario Diaz-Balart 801 Ponce de Leon Blvd.  City Coral Gables State FL Zip Code 33134-  Purpose of Disbursement <input type="text"/>  Candidate Name MARIO DIAZ-BALART Category/Type <input type="text"/>  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: 25	<b>Transaction ID:</b> E1743 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
<b>C.</b>	Full Name (Last, First, Middle Initial) Duncan for Congress  Mailing Address PO Box 2646  City Knoxville State TN Zip Code 37901-  Purpose of Disbursement <input type="text"/>  Candidate Name JOHN REP. DUNCAN, JR. Category/Type <input type="text"/>  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: TN District: 02	<b>Transaction ID:</b> E1525 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
Chet Edwards for Congress

Transaction ID: E1420  
Date of Disbursement

Mailing Address PO Box 23273

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	6

City Waco State TX Zip Code 76702-3273

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00
---------

Candidate Name  
CHET EDWARDS

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: TX District: 17

B.

Full Name (Last, First, Middle Initial)  
ILLINOIS TOOL WORKS FOR BETTER GOVERNMENT COMMITTEE

Transaction ID: E1429  
Date of Disbursement

Mailing Address 430 South Capitol St., SE  
2nd Floor

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	6

City Washington State DC Zip Code 20003-

Amount of Each Disbursement this Period

Purpose of Disbursement

2500.00
---------

Candidate Name  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Ensign for Senate

Transaction ID: E1399  
Date of Disbursement

Mailing Address P.O. Box 26568

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	0	6

City Las Vegas State NV Zip Code 89126-

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00
---------

Candidate Name  
JOHN E ENSIGN

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: NV District: 00

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

4500.00
---------

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

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# 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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Mark Foley <hr/> Mailing Address 1316 Lake Victoria Drive <hr/> City Lake Worth State FL Zip Code 33461- Purpose of Disbursement <hr/> Candidate Name MARK A FOLEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E1410 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
	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>B.</b> Full Name (Last, First, Middle Initial) Citizens for Gillmor <hr/> Mailing Address PO Box 150 <hr/> City Old Fort State OH Zip Code 44861-0150 Purpose of Disbursement <hr/> Candidate Name PAUL E GILLMOR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E1405 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Hobson for Congress <hr/> Mailing Address 82 West Columbia <hr/> City Springfield State OH Zip Code 45503- Purpose of Disbursement <hr/> Candidate Name DAVID LEE HOBSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E1419 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
	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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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) Impact America PAC	Transaction ID: E1397 Date of Disbursement 05 / 12 / 2006
	Mailing Address 228 West Washington St. Suite 115	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314-	
	Purpose of Disbursement	Category/Type
	Candidate Name IMPACT AMERICA	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Knollenberg for Congress	Transaction ID: E1741 Date of Disbursement 06 / 20 / 2006
	Mailing Address 31000 Telegraph Road #110	Amount of Each Disbursement this Period 1000.00
	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 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MI District: 09	

C.	Full Name (Last, First, Middle Initial) LoBiondo for Congress	Transaction ID: E1451 Date of Disbursement 05 / 12 / 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 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NJ District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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 / 30

<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><b>A.</b> Full Name (Last, First, Middle Initial) Trent Lott for Mississippi</p> <p>Mailing Address PO BOX 22824</p> <p>City Jackson State MS Zip Code 39225-</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name C TRENT LOTT</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1398 <b>Date of Disbursement</b> 05 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Connie Mack</p> <p>Mailing Address 610 S. Boulevard Suite 100</p> <p>City Tampa State FL Zip Code 33606-</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name CONNIE MACK</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1424 <b>Date of Disbursement</b> 04 / 28 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Markey Committee</p> <p>Mailing Address PO Box 526</p> <p>City Medford State MA Zip Code 02155-0006</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name EDWARD J MARKEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1402 <b>Date of Disbursement</b> 05 / 12 / 2006</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) ..... ▶

# 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><b>A.</b> Full Name (Last, First, Middle Initial) Kendrick Meek for Congress</p> <p>Mailing Address 111 NW 183rd Street Suite 325</p> <p>City Miami State FL Zip Code 33169-</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name KENDRICK B MEEK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1509 <b>Date of Disbursement</b> 04 / 28 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Moran for Congress</p> <p>Mailing Address P.O. Box 2518</p> <p>City Alexandria State VA Zip Code 22301-</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name JAMES P MORAN, JR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 08</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1408 <b>Date of Disbursement</b> 05 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) People for Patty Murray</p> <p>Mailing Address P.O. Box 3662</p> <p>City Seattle State WA Zip Code 98124-</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name PATTY MURRAY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1400 <b>Date of Disbursement</b> 05 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**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

<b>A.</b> 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 <hr/> Purpose of Disbursement <hr/> Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE <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: E1425 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 2500.00		
	<b>B.</b> Full Name (Last, First, Middle Initial) National Leadership PAC <hr/> Mailing Address PO Box 5577 <hr/> City New York State NY Zip Code 10027-5570 <hr/> Purpose of Disbursement <hr/> Candidate Name NATIONAL LEADERSHIP PAC <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: E1740 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 1000.00	
		<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Jim Oberstar <hr/> Mailing Address 1017 8th St NE <hr/> City Washington State DC Zip Code 20002-3620 <hr/> Purpose of Disbursement <hr/> Candidate Name JAMES L OBERSTAR <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: MN District: 08	Transaction ID: E1653 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 2000.00

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

5500.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Clay Shaw <hr/> Mailing Address PO Box 2188 <hr/> City Fort Lauderdale State FL Zip Code 33303- <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name E CLAY SHAW, JR <span style="float: right;">Category/ Type</span> <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: 22	Transaction ID: E1778 Date of Disbursement 05 / 12 / 2006 <hr/> Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Snowe for Senate <hr/> Mailing Address PO Box 2006 <hr/> City Portland State ME Zip Code 04104-5014 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name OLYMPIA J SNOWE <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" 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: ME District: 00	Transaction ID: E1428 Date of Disbursement 05 / 26 / 2006 <hr/> Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Snowe for Senate <hr/> Mailing Address PO Box 2006 <hr/> City Portland State ME Zip Code 04104-5014 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name OLYMPIA J SNOWE <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District: 00	Transaction ID: E1396 Date of Disbursement 05 / 12 / 2006 <hr/> Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/>

# 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><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Cliff Stearns</p> <p>Mailing Address P.O. Box 308</p> <p>City Silver Springs State FL Zip Code 34489-</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name CLIFFORD B STEARNS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1680 <b>Date of Disbursement</b> 04 / 28 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lee Terry for Congress</p> <p>Mailing Address PO Box 540098</p> <p>City Omaha State NE Zip Code 68154-</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name LEE TERRY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1418 <b>Date of Disbursement</b> 04 / 28 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mike Thompson for Congress</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841-</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name MIKE MR. THOMPSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1421 <b>Date of Disbursement</b> 04 / 28 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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 28 / 30

<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) Upton for All of Us	Transaction ID: E1409 Date of Disbursement 05 / 12 / 2006
	Mailing Address PO Box 490	Amount of Each Disbursement this Period 1000.00
	City Saint Joseph State MI Zip Code 49085-0490	
	Purpose of Disbursement	Category/Type
	Candidate Name FREDERICK STEPHEN UPTON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Visclosky for Congress	Transaction ID: E1423 Date of Disbursement 04 / 28 / 2006
	Mailing Address PO Box 10003	Amount of Each Disbursement this Period 1000.00
	City Merrillville State IN Zip Code 46411-0003	
	Purpose of Disbursement	Category/Type
	Candidate Name PETER J VISCLOSKY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN 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) Woolsey for Congress	Transaction ID: E1422 Date of Disbursement 04 / 28 / 2006
	Mailing Address PO Box 750176	Amount of Each Disbursement this Period 1000.00
	City Petaluma State CA Zip Code 94975-0176	
	Purpose of Disbursement	Category/Type
	Candidate Name LYNN C WOOLSEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Alaskans for Don Young <hr/> Mailing Address P.O. Box 100298 <hr/> City Anchorage State AK Zip Code 99510-0298 Purpose of Disbursement <hr/> Candidate Name DONALD E YOUNG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E964 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
	Amount of Each Disbursement this Period 200.00
<b>B.</b> Full Name (Last, First, Middle Initial) Alaskans for Don Young <hr/> Mailing Address P.O. Box 100298 <hr/> City Anchorage State AK Zip Code 99510-0298 Purpose of Disbursement VOIDED CHK <hr/> Candidate Name DONALD E YOUNG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E1763 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
	Amount of Each Disbursement this Period -200.00  VOIDED CHK
<b>C.</b> Full Name (Last, First, Middle Initial) Alaskans for Don Young <hr/> Mailing Address P.O. Box 100298 <hr/> City Anchorage State AK Zip Code 99510-0298 Purpose of Disbursement <hr/> Candidate Name DONALD E YOUNG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E1407 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	45000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 30 / 30	
	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		<b>Transaction ID: LSC2444</b>	
11500.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	11500.00	

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