

# 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 2004 through 06 30 2004

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 15 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	4

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	4

	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>4</td></tr></table>	Y	Y	Y	Y	2	0	0	4		9927.19
Y	Y	Y	Y							
2	0	0	4							
(b) Cash on Hand at Beginning of Reporting Period .....	9488.40									
(c) Total Receipts (from Line 19) .....	57640.78	62739.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	67129.18	72666.40								
7. Total Disbursements (from Line 31) .....	28047.34	33584.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	39081.84	39081.84								
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	4

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	4

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	49435.00	54435.00
(i) Itemized (use Schedule A) .....	8196.64	8196.64
(ii) Unitemized .....	57631.64	62631.64
(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) .....	57631.64	62631.64
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	95.03
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	9.14	12.54
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)) .....	57640.78	62739.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	57640.78	62739.21

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	47.34	84.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	47.34	84.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	28000.00	33500.00
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))..	28047.34	33584.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28047.34	33584.56

**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) .....	57631.64	62631.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	57631.64	62631.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	47.34	84.56
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	95.03
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	47.34	-10.47

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

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

FOR LINE NUMBER: PAGE 6 / 34  
(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 Weston State FL Zip Code 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 / 29 / 2004  
Transaction ID: C2004  
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 Cape Coral State FL Zip Code 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 / 27 / 2004  
Transaction ID: C2497  
Amount of Each Receipt this Period 500.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Micky Arison  
Mailing Address 999 Collins Ave  
City Bal Harbour State FL Zip Code 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 04 / 16 / 2004  
Transaction ID: C2761  
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 7 / 34

(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)  
Robert W. Beh

Mailing Address 11790 S.W. 24th Street

City State Zip Code  
Davie FL 33325

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Carnival Cruise Lines VP Security/Surveillance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
05 / 11 / 2004

**Transaction ID:** C2098

Amount of Each Receipt this Period 300.00

Receipt

**B.**

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

Mailing Address 12000 S.W. 90th Avenue

City State Zip Code  
Miami FL 33176

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt MM / DD / YYYY  
04 / 19 / 2004

**Transaction ID:** C2078

Amount of Each Receipt this Period 1400.00

Receipt

**C.**

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  
04 / 27 / 2004

**Transaction ID:** C2338

Amount of Each Receipt this Period 500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 2200.00

**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 8 / 34
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Roger Blum	Date of Receipt MM / DD / YYYY 04 / 29 / 2004
	Mailing Address 363 South Hibiscus Drive	<b>Transaction ID:</b> C2168
	City State Zip Code Miami FL 33139	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 Cruise Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Russell Bogue	Date of Receipt MM / DD / YYYY 05 / 11 / 2004
	Mailing Address 488 NE 90th St.	<b>Transaction ID:</b> C2895
	City State Zip Code Miami FL 33138	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Royal Caribbean Cruises Director	
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) James R. Border	Date of Receipt MM / DD / YYYY 05 / 03 / 2004
	Mailing Address 17828 N.W. 15th Street	<b>Transaction ID:</b> C2054
	City State Zip Code Pembroke Pines FL 33029	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Cruise Lines Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<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) Beth Brown-Pritchett	Date of Receipt MM / DD / YYYY 04 / 29 / 2004
	Mailing Address 70 Morningside Dr.	<b>Transaction ID:</b> C2736
	City State Zip Code Coral Gables FL 33133	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Corporation Director	Aggregate Year-to-Date 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Gerald R. Cahill	Date of Receipt MM / DD / YYYY 04 / 27 / 2004
	Mailing Address 14641 Mustang Trail	<b>Transaction ID:</b> C2106
	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	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Jose L. Campo	Date of Receipt MM / DD / YYYY 06 / 30 / 2004
	Mailing Address 11565 S.W. 96th Terrace	<b>Transaction ID:</b> C2024
	City State Zip Code Miami FL 33176	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Cruise Lines VP Operations	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1650.00
<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 10 / 34  
(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)  
Pamela C. Conover

Mailing Address 450 W. Matheson Drive

City State Zip Code  
Key Biscayne FL 33149-2718

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

Name of Employer Occupation  
Carnival Corporation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2004

Transaction ID: C2061

Amount of Each Receipt this Period  
1000.00

Receipt

**B.**

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

Mailing Address 229 Candia Ave.

City State Zip Code  
Coral Gables FL 33134

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2004

Transaction ID: C2752

Amount of Each Receipt this Period  
375.00

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  
M M / D D / Y Y Y Y  
04 / 29 / 2004

Transaction ID: C2707

Amount of Each Receipt this Period  
5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6375.00**

**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 / 34
	(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

**A.**

Full Name (Last, First, Middle Initial) Rodney C. Dofort		Date of Receipt MM / DD / YYYY 04 / 29 / 2004
Mailing Address 3115 Maple Lane		<b>Transaction ID:</b> C2084
City Fort Lauderdale	State FL	Zip Code 33328
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Carnival Corporation	Occupation Vice President	Receipt
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) Douglas F. Eney		Date of Receipt MM / DD / YYYY 06 / 30 / 2004
Mailing Address 317 Palm Street		<b>Transaction ID:</b> C2037
City Hollywood	State FL	Zip Code 33019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Carnival Cruise Lines	Occupation VP, Systems & Tech.	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Peter Fisken		Date of Receipt MM / DD / YYYY 06 / 30 / 2004
Mailing Address 1359 Geranium Place		<b>Transaction ID:</b> C2831
City West Palm Beach	State FL	Zip Code 33414
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Carnival Corporation	Occupation Dir Maritime Services	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<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 / 34

(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)  
Howard Frank

Mailing Address 445 Grand Bay Drive

City State Zip Code  
Key Biscayne FL 33149

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

Name of Employer Occupation  
Carnival Corporation Vice Chairman & COO

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 4

Transaction ID: C2112

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

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

Mailing Address 2677 Riviera Court

City State Zip Code  
Weston FL 33332

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 4

Transaction ID: C2043

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Lawrence R. Freedman

Mailing Address 7515 SW 79th Ct.

City State Zip Code  
Miami FL 33143

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

Name of Employer Occupation  
Carnival Corporation Vice President Corp Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: C2011

Amount of Each Receipt this Period

300.00

Receipt

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

5550.00

**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 / 34  
(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
							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)  
Timothy Gallagher

Mailing Address 1429 Urbino Avenue

City State Zip Code  
Miami FL 33146-1927

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

Name of Employer Occupation  
Carnival Cruise Lines VP Public Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2004

**Transaction ID:** C2140

Amount of Each Receipt this Period  
230.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Debra K Gilbert

Mailing Address 811 N South Lake Drive

City State Zip Code  
Hollywood FL 33019

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

Name of Employer Occupation  
Cunard Line Limited Director of Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2004

**Transaction ID:** C2566

Amount of Each Receipt this Period  
375.00

Receipt

**C.**

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2004

**Transaction ID:** C2802

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1605.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 34  
(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)  
Kelly Gonzalez

Mailing Address 13320 SW 99th Court

City State Zip Code  
Miami FL 33176

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

Name of Employer Occupation  
Royal Caribbean Cruises Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2004

**Transaction ID:** C2901

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 1020 BelAire Dr. West

City State Zip Code  
Pembroke Pines FL 33027

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

Name of Employer Occupation  
Seabourn Cruise Line Director Public Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2004

**Transaction ID:** C2357

Amount of Each Receipt this Period  
350.00

Receipt

**C.** 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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2004

**Transaction ID:** C2806

Amount of Each Receipt this Period  
350.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **950.00**

**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 / 34  
(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)  
Paul S. Jarvis

Mailing Address 4355 Dogwood Circle

City State Zip Code  
Weston FL 33331

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2004

**Transaction ID:** C2235

Amount of Each Receipt this Period  
350.00

Receipt

**B.** 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 ▼ 1800.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2004

**Transaction ID:** C2128

Amount of Each Receipt this Period  
1800.00

Receipt

**C.** 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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2004

**Transaction ID:** C2860

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3150.00**

**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 / 34  
(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)  
Bradford Miller

Mailing Address 1062 Creekford Drive

City State Zip Code  
Weston FL 33326

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 ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2004

**Transaction ID: C2905**

Amount of Each Receipt this Period  
2000.00

Receipt

**B.** 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  
05 / 21 / 2004

**Transaction ID: C2068**

Amount of Each Receipt this Period  
500.00

Receipt

**C.** 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 ▼ 3800.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2004

**Transaction ID: C2091**

Amount of Each Receipt this Period  
3800.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6300.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 34		
	<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

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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) Arnaldo Perez	Date of Receipt MM / DD / YYYY 06 / 30 / 2004
	Mailing Address 10220 SW 58 Court	<b>Transaction ID:</b> C2344
	City State Zip Code Miami FL 33156	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Cruise Lines VP General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joan Pietro	Date of Receipt MM / DD / YYYY 06 / 09 / 2004
	Mailing Address 96 Bal Cross Drive	<b>Transaction ID:</b> C2683
	City State Zip Code Bal Harbour FL 33154	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 Staff VP Mktg & Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Guillermo Rammos	Date of Receipt MM / DD / YYYY 04 / 29 / 2004
	Mailing Address 400 East Dilido Dr.	<b>Transaction ID:</b> C2585
	City State Zip Code Miami Beach FL 33139	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Celebrity Cruises Associate Vice President	
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) .....	▶	1400.00
<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 18 / 34  
(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) Lee Robinson		Date of Receipt MM / DD / YYYY 05 / 11 / 2004
Mailing Address 2539 Eagle Run Circle		<b>Transaction ID:</b> C2727
City Weston	State FL	Zip Code 33327
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Cunard Line Limited	Occupation Vice President Sales	Receipt
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) Douglas R. Santoni		Date of Receipt MM / DD / YYYY 05 / 11 / 2004
Mailing Address 4100 El Prado Blvd		<b>Transaction ID:</b> C2581
City Miami	State FL	Zip Code 33133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer Royal Caribbean Cruises	Occupation VP Revenue Management	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

**C.**

Full Name (Last, First, Middle Initial) Barbara Shrut		Date of Receipt MM / DD / YYYY 04 / 29 / 2004
Mailing Address 436 Bargello Avenue		<b>Transaction ID:</b> C2473
City Coral Gables	State FL	Zip Code 33146
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Royal Caribbean Cruises	Occupation VP Finance + Admin	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) .....	▶	2300.00
<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 19 / 34

(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)  
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 ▼ 350.00

Date of Receipt

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

Transaction ID: C2017

Amount of Each Receipt this Period

350.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Adam Snitzer

Mailing Address 560 W. 51st Terrace

City State Zip Code  
Miami Beach FL 33140

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

Name of Employer Occupation  
Carnival Corporation Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 4

Transaction ID: C2162

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Terry L. Thornton

Mailing Address 6901 SW 136th Street

City State Zip Code  
Miami FL 33156

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

Name of Employer Occupation  
Carnival Cruise Lines VP Marketing & 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 / 2 7 / 2 0 0 4

Transaction ID: C2185

Amount of Each Receipt this Period

500.00

Receipt

**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 20 / 34  
(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)  
Lynn Torrent

Mailing Address 2100 N. Ocean Blvd.  
#1102

City State Zip Code  
Fort Lauderdale FL 33305

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

Name of Employer Occupation  
Carnival Corporation Vice President, Marketing

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 0 4

Transaction ID: C2787

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Panagiotis Villiotis

Mailing Address 5001 Hawkes Bluff

City State Zip Code  
Fort Lauderdale FL 33331

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

Name of Employer Occupation  
Carnival Cruise Lines Deck & Engine Superintendent

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

Date of Receipt

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

Transaction ID: C1997

Amount of Each Receipt this Period

500.00

Receipt

**C.**

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

Mailing Address 3633 Heron Ridge Lane

City State Zip Code  
Weston FL 33331

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

Name of Employer Occupation  
Carnival Corporation Vice President, Tech Ops

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 4

Transaction ID: C2779

Amount of Each Receipt this Period

480.00

Receipt

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

1980.00

**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 / 34  
(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)  
Cherie Weinstein

Mailing Address 15701 SW 83 Ave

City Miami State FL Zip Code 33157

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

Name of Employer Carnival Cruise Lines Occupation VP Group Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 27 / 2004  
**Transaction ID: C2789**  
 Amount of Each Receipt this Period: 300.00  
 Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Joshua Weinstein

Mailing Address 3273 Coacoochee Street

City Coconut Grove State FL Zip Code 33133-6002

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

Name of Employer Carnival Corporation Occupation Assistant General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 09 / 2004  
**Transaction ID: C2821**  
 Amount of Each Receipt this Period: 250.00  
 Receipt

**C.**

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

Mailing Address 11620 SW 112th Ave Rd.

City Miami State FL Zip Code 33176

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

Name of Employer Carnival Cruise Lines Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 05 / 11 / 2004  
**Transaction ID: C2371**  
 Amount of Each Receipt this Period: 225.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

**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 22 / 34
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lynn White	Date of Receipt MM / DD / YYYY 05 / 20 / 2004
	Mailing Address 6100 SW 121 Street	<b>Transaction ID:</b> C2899
	City State Zip Code Pinecrest FL 33156	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 Tax & Risk Management	
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) Brenda Yester	Date of Receipt MM / DD / YYYY 04 / 19 / 2004
	Mailing Address 14390 Stirling Road	<b>Transaction ID:</b> C2855
	City State Zip Code Fort Lauderdale FL 33330	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Cruise Lines VP Revenue Management	
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) Paul E. Zacharski	Date of Receipt MM / DD / YYYY 04 / 19 / 2004
	Mailing Address 605 Palm Boulevard	<b>Transaction ID:</b> C2191
	City State Zip Code Ft. Lauderdale FL 33326	Amount of Each Receipt this Period 3500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Carnival Cruise Lines VP Finance & Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4250.00
<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 23 / 34	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Giovanni Zanotti		Date of Receipt																					
	Mailing Address 11355 SW 72 Court		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	4
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		2	7		2	0	0	4														
	City State Zip Code Miami FL 33156		<b>Transaction ID: C2793</b>																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00																						
Name of Employer Carnival Corporation		Occupation VP Strategic Sourcing																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	49435.00

# 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)  
Becerra for Congress

Transaction ID: E1474  
Date of Disbursement

Mailing Address P.O. Box 261060

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	4

City State Zip Code  
Los Angeles CA 90026-

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
US HOUSE P04

Category/  
Type

Candidate Name  
XAVIER BECERRA

Office Sought:  House  
 Senate  
 President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

US HOUSE P04

State: CA District: 31

B.

Full Name (Last, First, Middle Initial)  
Friends of Corrine Brown

Transaction ID: E1475  
Date of Disbursement

Mailing Address 3109 River Bend Court, D102

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	4

City State Zip Code  
Laurel MD 20724-

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
US HOUSE P04

Category/  
Type

Candidate Name  
CORRINE BROWN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

US HOUSE P04

State: FL District: 03

C.

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

Transaction ID: E1338  
Date of Disbursement

Mailing Address 120 Maryland Avenue, NE

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	4

City State Zip Code  
Washington DC 20002-

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

Category/  
Type

Candidate Name  
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

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

3000.00
---------

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

**A.** Full Name (Last, First, Middle Initial)  
A Lot of People for Tom Daschle

Mailing Address 821 N Maple

City State Zip Code  
Watertown SD 57201-1681

Purpose of Disbursement  
US HOUSE P04

Candidate Name  
THOMAS ANDREW DASCHLE

Office Sought:  House  Senate  President  
Disbursement For: 2004  Primary  General  Other (specify) ▼  
State: SD District: 00

Transaction ID: E1496  
Date of Disbursement

06 / 18 / 2004

Amount of Each Disbursement this Period

1000.00

US HOUSE P04

**B.** Full Name (Last, First, Middle Initial)  
Lincoln Diaz-Balart for Congress Cmte

Mailing Address 95 Merrick Way Suite 250

City State Zip Code  
Coral Gables FL 33134-

Purpose of Disbursement  
US HOUSE P04

Candidate Name  
LINCOLN DIAZ-BALART

Office Sought:  House  Senate  President  
Disbursement For: 2004  Primary  General  Other (specify) ▼  
State: FL District: 21

Transaction ID: E1479  
Date of Disbursement

06 / 18 / 2004

Amount of Each Disbursement this Period

1000.00

US HOUSE P04

**C.** Full Name (Last, First, Middle Initial)  
Mario Diaz-Balart for Congress

Mailing Address Congressman Mario Diaz-Balart  
801 Ponce de Leon Blvd.

City State Zip Code  
Coral Gables FL 33134-

Purpose of Disbursement

Candidate Name  
MARIO DIAZ-BALART

Office Sought:  House  Senate  President  
Disbursement For: 2004  Primary  General  Other (specify) ▼  
State: FL District: 25

Transaction ID: E1298  
Date of Disbursement

05 / 13 / 2004

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Mario Diaz-Balart for Congress	Transaction ID: E1297 Date of Disbursement 04 / 22 / 2004
	Mailing Address Congressman Mario Diaz-Balart 801 Ponce de Leon Blvd.	Amount of Each Disbursement this Period 500.00
	City Coral Gables	State FL
	Zip Code 33134-	
	Purpose of Disbursement	Category/ Type
	Candidate Name MARIO DIAZ-BALART	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 25	

B.	Full Name (Last, First, Middle Initial) John D Dingell for Congress Committee	Transaction ID: E1634 Date of Disbursement 05 / 13 / 2004
	Mailing Address PO Box 75214	Amount of Each Disbursement this Period 1000.00
	City Washington	State DC
	Zip Code 20013-	
	Purpose of Disbursement	Category/ Type
	Candidate Name JOHN D DINGELL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 15	

C.	Full Name (Last, First, Middle Initial) Friends of Byron Dorgan	Transaction ID: E1306 Date of Disbursement 04 / 06 / 2004
	Mailing Address P.O. Box 871	Amount of Each Disbursement this Period 1000.00
	City Bismarck	State ND
	Zip Code 58502-	
	Purpose of Disbursement	Category/ Type
	Candidate Name BYRON L DORGAN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: ND District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<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) Hastings for Congress</p> <p>Mailing Address P.O. BOX 100277</p> <p>City Fort Lauderdale State FL Zip Code 33310-</p> <p>Purpose of Disbursement US HOUSE P04</p> <p>Candidate Name ALCEE L HASTINGS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 23</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1485 <b>Date of Disbursement</b> 06 / 18 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>US HOUSE P04</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hobson for Congress</p> <p>Mailing Address 82 West Columbia</p> <p>City Springfield State OH Zip Code 45503-</p> <p>Purpose of Disbursement</p> <p>Candidate Name DAVID LEE HOBSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1336 <b>Date of Disbursement</b> 05 / 13 / 2004</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Daniel K. Inouye in 2004 Committee</p> <p>Mailing Address 841 Bishop Street Suite 1601</p> <p>City Honolulu State HI Zip Code 96813-</p> <p>Purpose of Disbursement US HOUSE P04</p> <p>Candidate Name DANIEL K INOUE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 00</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1497 <b>Date of Disbursement</b> 06 / 18 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>US HOUSE P04</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<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 / 34

<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) Lewis for Congress Committee	Transaction ID: E1260 Date of Disbursement 04 / 22 / 2004
	Mailing Address P.O. Box 247	Amount of Each Disbursement this Period 1000.00
	City Redlands State CA Zip Code 92373-0081	
	Purpose of Disbursement	Category/Type
	Candidate Name JERRY LEWIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Markey Committee	Transaction ID: E1371 Date of Disbursement 05 / 28 / 2004
	Mailing Address PO Box 526	Amount of Each Disbursement this Period 2000.00
	City Medford State MA Zip Code 02155-0006	
	Purpose of Disbursement	Category/Type
	Candidate Name EDWARD J MARKEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Congressman George Miller	Transaction ID: E1486 Date of Disbursement 06 / 18 / 2004
	Mailing Address P.O. Box 5864	Amount of Each Disbursement this Period 500.00
	City Concord State CA Zip Code 94524-	
	Purpose of Disbursement CA STATE HOUSE-DIST 7	Category/Type
	Candidate Name GEORGE MILLER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<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) 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</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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1332 <b>Date of Disbursement</b> 04 / 06 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Jim Oberstar</p> <p>Mailing Address 1017 8th St NE</p> <p>City Washington State DC Zip Code 20002-3620</p> <p>Purpose of Disbursement</p> <p>Candidate Name JAMES L OBERSTAR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1652 <b>Date of Disbursement</b> 04 / 22 / 2004</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Tom Petri</p> <p>Mailing Address PO Box 270</p> <p>City Fond Du Lac State WI Zip Code 54936-</p> <p>Purpose of Disbursement US HOUSE P04</p> <p>Candidate Name TOM PETRI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E1493 <b>Date of Disbursement</b> 06 / 18 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>US HOUSE P04</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

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

A.	Full Name (Last, First, Middle Initial) Rangel for Congress	Transaction ID: E1607 Date of Disbursement 05 / 13 / 2004
	Mailing Address 2030 ALLEN PLACE NW	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20009-	
	Purpose of Disbursement	Category/Type
	Candidate Name CHARLES B RANGEL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends for Harry Reid	Transaction ID: E1262 Date of Disbursement 04 / 22 / 2004
	Mailing Address 422 C Street, NE Lower level	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20002-	
	Purpose of Disbursement	Category/Type
	Candidate Name HARRY REID	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ros-Lehtinen for Congress	Transaction ID: E1677 Date of Disbursement 05 / 13 / 2004
	Mailing Address PO Box 52-2784	Amount of Each Disbursement this Period 500.00
	City Miami State FL Zip Code 33152-	
	Purpose of Disbursement	Category/Type
	Candidate Name ILEANA ROS-LEHTINEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<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

A.	Full Name (Last, First, Middle Initial) Friends of Cliff Stearns	Transaction ID: E1686 Date of Disbursement
	Mailing Address P.O. Box 308	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2004"/>
	City Silver Springs State FL Zip Code 34489-	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name CLIFFORD B STEARNS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ellen Tauscher for Congress	Transaction ID: E1494 Date of Disbursement
	Mailing Address 20 Park Road, Suite E	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2004"/>
	City Burlingame State CA Zip Code 94010-	Amount of Each Disbursement this Period
	Purpose of Disbursement US HOUSE P04	<input type="text" value="500.00"/>
	Candidate Name ELLEN O TAUSCHER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Western Action PAC	Transaction ID: E1339 Date of Disbursement
	Mailing Address 406 Virginia Avenue	<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2004"/>
	City Alexandria State VA Zip Code 22302-	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name WESTERN ACTION PAC	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Mike Thompson for Congress  Mailing Address 5429 Madison Avenue  City Sacramento State CA Zip Code 95841-  Purpose of Disbursement US HOUSE P04 Candidate Name MIKE MR. THOMPSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E1495 Date of Disbursement 06 / 18 / 2004  Amount of Each Disbursement this Period 500.00  US HOUSE P04
B.	Full Name (Last, First, Middle Initial) Voinovich for Senate Committee  Mailing Address Senator George Voinovich 865 Macon Alley  City Columbus State OH Zip Code 43206-  Purpose of Disbursement Candidate Name GEORGE V VOINOVICH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00 Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E1322 Date of Disbursement 05 / 13 / 2004  Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Robert Wexler for Congress Committee  Mailing Address PO Box 810669  City Boca Raton State FL Zip Code 33431-  Purpose of Disbursement Candidate Name ROBERT WEXLER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19 Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E1286 Date of Disbursement 05 / 13 / 2004  Amount of Each Disbursement this Period 500.00

<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) Congressman Bill Young for Congress Camp	Transaction ID: E1214 Date of Disbursement
	Mailing Address PO Box 103	<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2004"/>
	City Alexandria State VA Zip Code 22210-	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name C. W. YOUNG	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Alaskans for Don Young	Transaction ID: E961 Date of Disbursement
	Mailing Address P.O. Box 100298	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2004"/>
	City Anchorage State AK Zip Code 99510-0298	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name DONALD E YOUNG	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 34 / 34	
	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