Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

SECRETARY OF THE SENA

07 SEP 18 PM 12: 51

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: ☑ New Registrant ☐ New Client for Existing Registrant ☐ Amendment

1. Effective Date of Registration 01/

2. House Identification **Senate Identification**

REGISTRANT ☑ Organization ☐ Individual

3. Registrant Organization Cruise Lines International Association, Inc.

Address 910 SE 17th Street Address2 Suite 400

City Fort Lauderdale State FL Zip 33316 - Cou

4. Principal place of business (if different than line 3)

City State Zip - Cou

5. Contact name and telephone number ☐ International Number

Contact Mr. Robert W. Fuller Telephone (754) 224-2214 E-mail bfuller@cruising.org

6. General description of registrant's business or activities

Trade association for the cruise industry; education of agents, marketing/promotion, lobby

CLIENT

A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists shou labeled "Self" and proceed to line 10. ☑ *Self*

7. Client name Cruise Lines International Association, Inc.

Address

City State Zip - Cou

8. Principal place of business (if different than line 7)

City State Zip - Cou

9. General description of client's business or activities

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any per this section has served as a "covered executive branch official" or "covered legislative branch official" within two years a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Terry	Dale		
Michael	Crye		
Ted	Thompson		
Stan	Deno		

30008177

Registrant Cruise Lines International Association, Inc. Client Name Cruise Lines International Association, Inc.

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1,

IMM HCR TRA ENV

12. Specific lobbying issues (current and anticipated)

Bureau of Customs & Border Protection, User Fee Advisory Committee, automated entry-exit system, pilot projects to s inspections at seaports, passenger vessel accessibility, vessel safety/sanitation, vessel casualties, personal injury, crime reporting,search and rescue response, vessel quarantine issues, vessel waste management, marine environmental protecti regulated navigational areas, oil spill prevention & response, marine sanctuaries

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

☑ No --> Go to line 14. ☐ Yes --> Complete the rest of this section for each entity matcl criteria above, then proceed to line 14.

Name	Address					Principal Place of Bus
	Street					
	City	State/Province	Zip Code	Country		
					City	
					State	Country
					City	
					State	Country
					City	
					State	Country

FOREIGN ENTITIES

14. Is there any foreign entity

a) holds at least 20% equitable ownership in the client or any organization identified on line 13: or
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes ac the client or any organization identified on line 13; or
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome o lobbying activity?

☑ No --> Sign and date the registration. ☐ Yes --> Complete the rest of this section for each entity matcl the criteria above, then sign the registration.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities
	Street				
	City	State/Province	Country		
				City	
				State Country	
				City	
				State Country	

Signature [signature] **Date**

Printed Name and Title Robert W. Fuller Director Finance & Administration

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