

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)

ADDRESS (number and street)   
Attn: W. Farah  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |   |                                      |                                       |  |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2)            | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3)            | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Mark Blankenship

Signature of Treasurer Mark Blankenship [Electronically Filed] Date  /  /

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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="46075.67"/>	<input type="text" value="46075.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="42001.13"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1295.74"/>	<input type="text" value="3721.20"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="43296.87"/>	<input type="text" value="49796.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4500.00"/>	<input type="text" value="11000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38796.87"/>	<input type="text" value="38796.87"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	553.66	982.32
(ii) Unitemized .....	742.08	2738.88
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1295.74	3721.20
(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) .....	1295.74	3721.20
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 Transfers (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))..... ▶	1295.74	3721.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1295.74	3721.20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	4500.00	11000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	4500.00	11000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4500.00	11000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	1295.74	3721.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1295.74	3721.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

**A. Marvin Buchanan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6012 E Mercer Way  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Director, Marketing  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **441.24**

Date of Receipt **03 / 26 / 2012**  
**Transaction ID : SA11AI.10309**  
 Amount of Each Receipt this Period **147.08**  
 Contributor

**B. Marion G. Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11511 Brayton Drive C1  
 City Anchorage State AK Zip Code 98516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Director, operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **03 / 01 / 2012**  
**Transaction ID : SA11AI.10265**  
 Amount of Each Receipt this Period **25.00**  
 Contributor

**C. Marion G. Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11511 Brayton Drive C1  
 City Anchorage State AK Zip Code 98516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Director, operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 08 / 2012**  
**Transaction ID : SA11AI.10266**  
 Amount of Each Receipt this Period **25.00**  
 Contributor

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>197.08</b>
<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 7 OF 9
	<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)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Full Name (Last, First, Middle Initial) <b>A. Marion G. Davis</b>			Date of Receipt MM / DD / YYYY 03 / 15 / 2012 <b>Transaction ID : SA11AI.10267</b>
Mailing Address 11511 Brayton Drive C1			Amount of Each Receipt this Period 25.00
City Anchorage	State AK	Zip Code 98516	Contributor
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 275.00	
Name of Employer Horizon Lines	Occupation Director, operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Marion G. Davis</b>			Date of Receipt MM / DD / YYYY 03 / 22 / 2012 <b>Transaction ID : SA11AI.10268</b>
Mailing Address 11511 Brayton Drive C1			Amount of Each Receipt this Period 25.00
City Anchorage	State AK	Zip Code 98516	Contributor
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00	
Name of Employer Horizon Lines	Occupation Director, operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Marion G. Davis</b>			Date of Receipt MM / DD / YYYY 03 / 29 / 2012 <b>Transaction ID : SA11AI.10269</b>
Mailing Address 11511 Brayton Drive C1			Amount of Each Receipt this Period 25.00
City Anchorage	State AK	Zip Code 98516	Contributor
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 325.00	
Name of Employer Horizon Lines	Occupation Director, operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 8 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

**A. Michael, Zendan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 943 Longfield Circle  
 City Charlotte State NC Zip Code 28270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation VP, Deputy General Counsel  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 26 / 2012  
**Transaction ID : SA11AI.10321**  
 Amount of Each Receipt this Period  
 114.58  
 Contributor

**B. Robert Zuckerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19233 Hidden Cove Lane  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation VP Legal  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 26 / 2012  
**Transaction ID : SA11AI.10322**  
 Amount of Each Receipt this Period  
 167.00  
 Contributor

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 / /  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	281.58
<b>TOTAL</b> This Period (last page this line number only).....	553.66



**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)

**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Full Name (Last, First, Middle Initial)

**A. CITIZENS TO ELECT RICK LARSEN**

Mailing Address PO BOX 326

City EVERETT State WA Zip Code 98206

Purpose of Disbursement Contribution

Candidate Name

**RICHARD RAY LARSEN**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: WA District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2012

**Transaction ID : SB23.10323**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. KEEP NICK RAHALL IN CONGRESS COMMITTEE**

Mailing Address P O BOX 64

City BECKLEY State WV Zip Code 25802

Purpose of Disbursement Contribution

Candidate Name

**NICK JOE II RAHALL**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: WV District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2012

**Transaction ID : SB23.10326**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. LOBIONDO FOR CONGRESS**

Mailing Address PO BOX 775

City MARMORA State NJ Zip Code 08223

Purpose of Disbursement Contribution

Candidate Name

**FRANK A. LOBIONDO**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2012

**Transaction ID : SB23.10328**

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

4500.00