

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. 12FE4M5

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

ADDRESS (number and street) 2001 K Street, NW, Suite 400 Attn: W. Farah WASHINGTON DC 20006 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00385179

3. IS THIS REPORT NEW OR AMENDED (N) (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: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
Election on MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period 09/01/2011 through 09/30/2011

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 10/10/2011

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 table with 10 columns.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2011"/>		63275.67
(b) Cash on Hand at Beginning of Reporting Period.....	52016.48	
(c) Total Receipts (from Line 19) .....	1530.67	14347.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53547.15	77623.03
7. Total Disbursements (from Line 31).....	1000.00	25075.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	52547.15	52547.15
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
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

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

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

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		
(i) Itemized (use Schedule A).....	1351.17	9963.33
(ii) Unitemized .....	179.50	5954.17
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1530.67	15917.50
(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) .....	1530.67	15917.50
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	37.94
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	-1608.08
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))..... ▶	1530.67	14347.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1530.67	14347.36

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

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	75.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	75.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	25000.00
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)) ..	1000.00	25075.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	25075.88

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	1530.67	15917.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1530.67	15917.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	75.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	37.94
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	37.94

**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 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Full Name (Last, First, Middle Initial) <b>A. Michael Avara</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 1218 Hillshire Meadow Drive		<b>Transaction ID : SA11AI.9901</b>
City Matthews	State NC	Zip Code 28105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Horizon Lines, LLC	Occupation Sr VP, Finance & CFO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. Charles Battiato</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address P.O. Box 894715		<b>Transaction ID : SA11AI.9902</b>
City Mililani	State HI	Zip Code 96789
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 51.33
Name of Employer Horizon Lines	Occupation Manager, Sales	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.97	

Full Name (Last, First, Middle Initial) <b>C. Henry Bell</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 4701 Preston Park Blvd		<b>Transaction ID : SA11AI.9903</b>
City Plano	State TX	Zip Code 75093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Horizon Lines	Occupation Financial Analyst Manager	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	201.33
<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 18
	<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)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

**A. Thomas M Bellerud**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3607 22nd St SE  
 City Puyallup State WA Zip Code 98374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Outside Sales  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **09 / 30 / 2011**  
**Transaction ID : SA11AI.9904**  
 Amount of Each Receipt this Period **40.00**  
 Contribution

**B. Alfred Bozzuffi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 159 Bergen Street  
 City Brooklyn State NY Zip Code 11217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Naval Architect  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **412.47**

Date of Receipt **09 / 30 / 2011**  
**Transaction ID : SA11AI.9906**  
 Amount of Each Receipt this Period **45.83**  
 Contribution

**C. 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 **1323.72**

Date of Receipt **09 / 30 / 2011**  
**Transaction ID : SA11AI.9907**  
 Amount of Each Receipt this Period **147.08**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>232.91</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 8 OF 18
	<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)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Full Name (Last, First, Middle Initial) <b>A. Erica Compton</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : SA11AI.9908</b>
Mailing Address 4838 Gurley Ave		Amount of Each Receipt this Period 70.20
City Dallas	State TX	Zip Code 75223
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Manager, Collections	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 631.80	

Full Name (Last, First, Middle Initial) <b>B. Marion G. Davis</b>		Date of Receipt MM / DD / YYYY 09 / 01 / 2011 <b>Transaction ID : SA11AI.9859</b>
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 25.00
City Anchorage	State AK	Zip Code 98516
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Director, operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name (Last, First, Middle Initial) <b>C. Marion G. Davis</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2011 <b>Transaction ID : SA11AI.9860</b>
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 25.00
City Anchorage	State AK	Zip Code 98516
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Director, operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.20
<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 OF 18
<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)**

**A. 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 ▼ 925.00

Date of Receipt 09 / 15 / 2011  
**Transaction ID : SA11AI.9861**  
Amount of Each Receipt this Period 25.00  
Contribution

**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 ▼ 950.00

Date of Receipt 09 / 22 / 2011  
**Transaction ID : SA11AI.9862**  
Amount of Each Receipt this Period 25.00  
Contribution

**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 ▼ 975.00

Date of Receipt 09 / 29 / 2011  
**Transaction ID : SA11AI.9863**  
Amount of Each Receipt this Period 25.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Dwayne Fujitani</b>			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>01</td> <td></td> <td>2011</td> </tr> </table> <b>Transaction ID : SA11AI.9869</b>			M M M	/	D D D	/	Y Y Y Y Y Y	09		01		2011
M M M	/	D D D	/	Y Y Y Y Y Y											
09		01		2011											
Mailing Address 1818a Aupuni St			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5">7.21</td> </tr> </table>			7.21									
7.21															
City Honolulu	State HI	Zip Code 96817	Contribution												
FEC ID number of contributing federal political committee. C			Contribution												
Name of Employer Horizon Lines		Occupation Manager, Port Operations	Contribution												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5">252.35</td> </tr> </table>	252.35					Contribution							
252.35															

Full Name (Last, First, Middle Initial) <b>B. Dwayne Fujitani</b>			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>08</td> <td></td> <td>2011</td> </tr> </table> <b>Transaction ID : SA11AI.9870</b>			M M M	/	D D D	/	Y Y Y Y Y Y	09		08		2011
M M M	/	D D D	/	Y Y Y Y Y Y											
09		08		2011											
Mailing Address 1818a Aupuni St			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5">7.21</td> </tr> </table>			7.21									
7.21															
City Honolulu	State HI	Zip Code 96817	Contribution												
FEC ID number of contributing federal political committee. C			Contribution												
Name of Employer Horizon Lines		Occupation Manager, Port Operations	Contribution												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5">259.56</td> </tr> </table>	259.56					Contribution							
259.56															

Full Name (Last, First, Middle Initial) <b>C. Dwayne Fujitani</b>			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>15</td> <td></td> <td>2011</td> </tr> </table> <b>Transaction ID : SA11AI.9871</b>			M M M	/	D D D	/	Y Y Y Y Y Y	09		15		2011
M M M	/	D D D	/	Y Y Y Y Y Y											
09		15		2011											
Mailing Address 1818a Aupuni St			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5">7.21</td> </tr> </table>			7.21									
7.21															
City Honolulu	State HI	Zip Code 96817	Contribution												
FEC ID number of contributing federal political committee. C			Contribution												
Name of Employer Horizon Lines		Occupation Manager, Port Operations	Contribution												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5">266.77</td> </tr> </table>	266.77					Contribution							
266.77															

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5">21.63</td> </tr> </table>	21.63				
21.63						
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5"> </td> </tr> </table>					

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
<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. Dwayne Fujitani</b>		Date of Receipt 09 / 22 / 2011 <b>Transaction ID : SA11AI.9872</b>
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.21
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Manager, Port Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.98	

Full Name (Last, First, Middle Initial) <b>B. Dwayne Fujitani</b>		Date of Receipt 09 / 29 / 2011 <b>Transaction ID : SA11AI.9873</b>
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.21
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Manager, Port Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 281.19	

Full Name (Last, First, Middle Initial) <b>C. Lori A Galloway</b>		Date of Receipt 09 / 01 / 2011 <b>Transaction ID : SA11AI.9874</b>
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Manager, Port Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	29.42
<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 12 OF 18
<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. Lori A Galloway</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2011 <b>Transaction ID : SA11AI.9875</b>
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Horizon Lines	Occupation Manager, Port Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) <b>B. Lori A Galloway</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2011 <b>Transaction ID : SA11AI.9877</b>
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Horizon Lines	Occupation Manager, Port Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.00	

Full Name (Last, First, Middle Initial) <b>C. Lori A Galloway</b>		Date of Receipt MM / DD / YYYY 09 / 22 / 2011 <b>Transaction ID : SA11AI.9878</b>
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Horizon Lines	Occupation Manager, Port Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 13 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Lori A Galloway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 111393

City Anchorage	State AK	Zip Code 99511
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FEC ID number of contributing federal political committee. **C**

Name of Employer Horizon Lines	Occupation Manager, Port Operations
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 585.00

Date of Receipt  
 09 / 29 / 2011  
**Transaction ID : SA11AI.9879**

Amount of Each Receipt this Period  
 15.00

Contribution

**B. James Garrahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 73 Paseo De Orguideas

City Trujillo Alto	State PR	Zip Code 00976
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FEC ID number of contributing federal political committee. **C**

Name of Employer Horizon Lines	Occupation Manager, Sales
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : SA11AI.9909**

Amount of Each Receipt this Period  
 50.00

Contribution

**C. Kenneth Gill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2911 Leeward Place

City Anchorage	State AK	Zip Code 99516
-------------------	-------------	-------------------

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

Name of Employer Horizon Lines	Occupation Manager, Business Processes
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 09 / 01 / 2011  
**Transaction ID : SA11AI.9880**

Amount of Each Receipt this Period  
 10.00

Contribution

<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 14 OF 18
<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. Kenneth Gill</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2011 <b>Transaction ID : SA11AI.9884</b>
Mailing Address 2911 Leeward Place		Amount of Each Receipt this Period 10.00
City Anchorage	State AK	Zip Code 99516
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Manager, Business Processes	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Gill</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2011 <b>Transaction ID : SA11AI.9885</b>
Mailing Address 2911 Leeward Place		Amount of Each Receipt this Period 10.00
City Anchorage	State AK	Zip Code 99516
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Manager, Business Processes	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Gill</b>		Date of Receipt MM / DD / YYYY 09 / 22 / 2011 <b>Transaction ID : SA11AI.9886</b>
Mailing Address 2911 Leeward Place		Amount of Each Receipt this Period 10.00
City Anchorage	State AK	Zip Code 99516
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Manager, Business Processes	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Kenneth Gill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2911 Leeward Place  
 City Anchorage State AK Zip Code 99516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Manager, Business Processes  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 29 / 2011  
**Transaction ID : SA11AI.9887**  
 Amount of Each Receipt this Period 100.00  
 Contribution

**B. Sabrina M Jackson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3106 Indian Trail Ct  
 City Rowlett State TX Zip Code 75088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation OTC Documenting and Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 509.85

Date of Receipt 09 / 30 / 2011  
**Transaction ID : SA11AI.9911**  
 Amount of Each Receipt this Period 56.65  
 Contribution

**C. Linda L Montgomery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Simmons Drive  
 City Copell State TX Zip Code 75019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Manager, Outbound Documentation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 328.05

Date of Receipt 09 / 30 / 2011  
**Transaction ID : SA11AI.9914**  
 Amount of Each Receipt this Period 36.45  
 Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 103.10  
**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 16 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Anita M. Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1724 Tawakoni Lane  
 City Plano State TX Zip Code 75075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Manager, operations  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : SA11AI.9915**  
 Amount of Each Receipt this Period  
 25.00  
 Contribution

**B. Leslie Peters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Shippen Court  
 City Flemington State NJ Zip Code 08822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Regional Sales, International  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : SA11AI.9918**  
 Amount of Each Receipt this Period  
 1.00  
 Contribution

**C. Claudia Stone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Atwood Avenue  
 City Pompton Plains State NJ Zip Code 07444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Representative/ Temp/Misc  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : SA11AI.9921**  
 Amount of Each Receipt this Period  
 60.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **86.00**  
**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 OF 18
	<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	<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. Brian Taylor</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 150 Kaapuni Drive		<b>Transaction ID : SA11AI.9922</b>
City Kallua	State HI	Zip Code 96734
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Horizon Lines	Occupation VP Country Management	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Michael, Zendan</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 943 Longfield Circle		<b>Transaction ID : SA11AI.9923</b>
City Charlotte	State NC	Zip Code 28270
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 114.58	
Name of Employer Horizon Lines	Occupation VP, Deputy General Counsel	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1031.22	

Full Name (Last, First, Middle Initial) <b>C. Robert Zuckerman</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 19233 Hidden Cove Lane		<b>Transaction ID : SA11AI.9924</b>
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 167.00	
Name of Employer Horizon Lines	Occupation VP Legal	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1503.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	331.58
<b>TOTAL</b> This Period (last page this line number only).....▶	1351.17

**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. HANABUSA FOR HAWAII**

Mailing Address P.O. BOX 1416

City HONOLULU State HI Zip Code 96806

Purpose of Disbursement  
Contribution

Candidate Name

**COLLEEN WAKAKO HANABUSA**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: HI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2011

**Transaction ID : SB23.9856**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00
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1000.00
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