

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

C C00385179

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: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) 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 (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 11 / 01 / 2013 through 11 / 30 / 2013

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 12 / 04 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2013"/>		30164.03
(b) Cash on Hand at Beginning of Reporting Period.....	33246.05	
(c) Total Receipts (from Line 19)	1126.03	17708.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	34372.08	47872.08
7. Total Disbursements (from Line 31).....	3500.00	17000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	30872.08	30872.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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).....	1072.11	13699.80
(ii) Unitemized	53.92	4008.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1126.03	17708.05
(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)	1126.03	17708.05
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))..... ▶	1126.03	17708.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1126.03	17708.05

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.....	3500.00	17000.00
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)) ..	3500.00	17000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	17000.00

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)	1126.03	17708.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1126.03	17708.05
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 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

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. Henry Bell
Full Name (Last, First, Middle Initial)
Mailing Address 4701 Preston Park Blvd
City Plano State TX Zip Code 75093
FEC ID number of contributing federal political committee. **C**
Name of Employer Horizon Lines Occupation Financial Analyst Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 550.00

Date of Receipt 11 / 30 / 2013
Transaction ID : SA11Al.11466
Amount of Each Receipt this Period 50.00
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 525.91

Date of Receipt 11 / 30 / 2013
Transaction ID : SA11Al.11468
Amount of Each Receipt this Period 47.81
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 VP, Sales & Mktg, Alaska
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1687.62

Date of Receipt 11 / 30 / 2013
Transaction ID : SA11Al.11469
Amount of Each Receipt this Period 153.42
contribution

SUBTOTAL of Receipts This Page (optional)..... 251.23
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 7 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) A. Marion G. Davis		Date of Receipt
Mailing Address 11511 Brayton Drive C1		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Anchorage	AK	98516
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.11456
Horizon Lines	VP And General Mgr, Alaska	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1125.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		contribution

Full Name (Last, First, Middle Initial) B. Marion G. Davis		Date of Receipt
Mailing Address 11511 Brayton Drive C1		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
Anchorage	AK	98516
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.11483
Horizon Lines	VP And General Mgr, Alaska	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1150.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		contribution

Full Name (Last, First, Middle Initial) C. Marion G. Davis		Date of Receipt
Mailing Address 11511 Brayton Drive C1		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Anchorage	AK	98516
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.11484
Horizon Lines	VP And General Mgr, Alaska	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1175.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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"/> 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) A. Marion G. Davis		Date of Receipt 11 / 28 / 2013 Transaction ID : SA11Al.11485
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 25.00 contribution
City Anchorage	State AK	Zip Code 98516
FEC ID number of contributing federal political committee. C		
Name of Employer Horizon Lines	Occupation VP And General Mgr, Alaska	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Dwayne Fujitani		Date of Receipt 11 / 07 / 2013 Transaction ID : SA11Al.11458
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.93 contribution
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		
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 ▼ 356.85	

Full Name (Last, First, Middle Initial) C. Dwayne Fujitani		Date of Receipt 11 / 14 / 2013 Transaction ID : SA11Al.11489
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.93 contribution
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		
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 ▼ 364.78	

SUBTOTAL of Receipts This Page (optional).....▶	40.86
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 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. Dwayne Fujitani
Full Name (Last, First, Middle Initial)
Mailing Address 1818a Aupuni St
City Honolulu State HI Zip Code 96817
FEC ID number of contributing federal political committee. **C**
Name of Employer Horizon Lines Occupation Manager, Port Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **372.71**

Date of Receipt **11 / 21 / 2013**
Transaction ID : SA11AI.11490
Amount of Each Receipt this Period **7.93**
contribution

B. Dwayne Fujitani
Full Name (Last, First, Middle Initial)
Mailing Address 1818a Aupuni St
City Honolulu State HI Zip Code 96817
FEC ID number of contributing federal political committee. **C**
Name of Employer Horizon Lines Occupation Manager, Port Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **380.64**

Date of Receipt **11 / 28 / 2013**
Transaction ID : SA11AI.11491
Amount of Each Receipt this Period **7.93**
contribution

C. Lori A Galloway
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 111393
City Anchorage State AK Zip Code 99511
FEC ID number of contributing federal political committee. **C**
Name of Employer Horizon Lines Occupation Manager, Port Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **675.00**

Date of Receipt **11 / 07 / 2013**
Transaction ID : SA11AI.11459
Amount of Each Receipt this Period **15.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **30.86**
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 10 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) A. Lori A Galloway			Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2013 Transaction ID : SA11Al.11492
Mailing Address P.O. Box 111393			Amount of Each Receipt this Period 15.00 contribution
City Anchorage	State AK	Zip Code 99511	
FEC ID number of contributing federal political committee. C			
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 ▼ 690.00		

Full Name (Last, First, Middle Initial) B. Lori A Galloway			Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : SA11Al.11493
Mailing Address P.O. Box 111393			Amount of Each Receipt this Period 15.00 contribution
City Anchorage	State AK	Zip Code 99511	
FEC ID number of contributing federal political committee. C			
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 ▼ 705.00		

Full Name (Last, First, Middle Initial) C. Lori A Galloway			Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2013 Transaction ID : SA11Al.11494
Mailing Address P.O. Box 111393			Amount of Each Receipt this Period 15.00 contribution
City Anchorage	State AK	Zip Code 99511	
FEC ID number of contributing federal political committee. C			
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 ▼ 720.00		

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 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) A. Kenneth Gill			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>21</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		21		2013
M M	/	D D	/	Y Y Y Y									
11		21		2013									
Mailing Address 2911 Leeward Place			Transaction ID : SA11Al.11496										
City Anchorage	State AK	Zip Code 99516	Amount of Each Receipt this Period <table border="1"> <tr> <td>400.00</td> <td>10.00</td> </tr> </table>	400.00	10.00								
400.00	10.00												
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 ▼ <table border="1"> <tr> <td>470.00</td> </tr> </table>	470.00											
470.00													

Full Name (Last, First, Middle Initial) B. Kenneth Gill			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>28</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		28		2013
M M	/	D D	/	Y Y Y Y									
11		28		2013									
Mailing Address 2911 Leeward Place			Transaction ID : SA11Al.11497										
City Anchorage	State AK	Zip Code 99516	Amount of Each Receipt this Period <table border="1"> <tr> <td>400.00</td> <td>10.00</td> </tr> </table>	400.00	10.00								
400.00	10.00												
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 ▼ <table border="1"> <tr> <td>480.00</td> </tr> </table>	480.00											
480.00													

Full Name (Last, First, Middle Initial) C. Gunther Hoock			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>30</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		30		2013
M M	/	D D	/	Y Y Y Y									
11		30		2013									
Mailing Address 7804 Clark Springs Drive			Transaction ID : SA11Al.11471										
City Plano	State TX	Zip Code 75025	Amount of Each Receipt this Period <table border="1"> <tr> <td>200.00</td> <td>20.00</td> </tr> </table>	200.00	20.00								
200.00	20.00												
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 ▼ <table border="1"> <tr> <td>220.00</td> </tr> </table>	220.00											
220.00													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00
40.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></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 13 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. 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 **644.93**

Date of Receipt **11 / 30 / 2013**
Transaction ID : SA11AI.11472
Amount of Each Receipt this Period **58.63**
contribution

B. Lana I Kanaha
Full Name (Last, First, Middle Initial)
Mailing Address 837 Kealahou St
City Honolulu State HI Zip Code 96825
FEC ID number of contributing federal political committee. **C**
Name of Employer Horizon Lines Occupation Supervisor, Port operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **11 / 07 / 2013**
Transaction ID : SA11AI.11461
Amount of Each Receipt this Period **5.00**
contribution

C. Lana I Kanaha
Full Name (Last, First, Middle Initial)
Mailing Address 837 Kealahou St
City Honolulu State HI Zip Code 96825
FEC ID number of contributing federal political committee. **C**
Name of Employer Horizon Lines Occupation Supervisor, Port operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **230.00**

Date of Receipt **11 / 14 / 2013**
Transaction ID : SA11AI.11498
Amount of Each Receipt this Period **5.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **68.63**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 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)
A. Lana I Kanaha

Mailing Address 837 Kealahou St

City Honolulu State HI Zip Code 96825

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

Name of Employer: Horizon Lines Occupation: Supervisor, Port operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt: **11 / 21 / 2013**

Transaction ID : **SA11AI.11499**

Amount of Each Receipt this Period: **5.00**

contribution

Full Name (Last, First, Middle Initial)
B. Lana I Kanaha

Mailing Address 837 Kealahou St

City Honolulu State HI Zip Code 96825

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

Name of Employer: Horizon Lines Occupation: Supervisor, Port operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt: **11 / 28 / 2013**

Transaction ID : **SA11AI.11500**

Amount of Each Receipt this Period: **5.00**

contribution

Full Name (Last, First, Middle Initial)
C. Linda L Montgomery

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 ▼ **400.95**

Date of Receipt: **11 / 30 / 2013**

Transaction ID : **SA11AI.11474**

Amount of Each Receipt this Period: **36.45**

contribution

SUBTOTAL of Receipts This Page (optional)..... **46.45**

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 OF 18
	(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"/> 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) A. Janet Nieves		Date of Receipt
Mailing Address Paseo Perla #207 Santa Barbara		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Transaction ID : SA11Al.11475
Gurabo	PR	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="200.00"/>
Name of Employer	Occupation	contribution
Horizon Lines	Safety and Security Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Steve Powers		Date of Receipt
Mailing Address 1805 Red Rock Drive		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Transaction ID : SA11Al.11478
McKinney	TX	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="200.00"/>
Name of Employer	Occupation	contribution
Horizon Lines	Manager, Equipment	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Frank Roznerski		Date of Receipt
Mailing Address 95-40 Haalohi St		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Transaction ID : SA11Al.11463
Millani	HI	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="5.00"/>
Name of Employer	Occupation	contribution
Horizon Lines	Safety Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 OF 18
(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)
Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)

Full Name (Last, First, Middle Initial) A. Frank Roznerski		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2013 Transaction ID : SA11AI.11504
Mailing Address 95-40 HaaloHi St		Amount of Each Receipt this Period 5.00 contribution
City Mililani	State HI	Zip Code 06789
FEC ID number of contributing federal political committee. C		
Name of Employer Horizon Lines	Occupation Safety Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Frank Roznerski		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2013 Transaction ID : SA11AI.11505
Mailing Address 95-40 HaaloHi St		Amount of Each Receipt this Period 5.00 contribution
City Mililani	State HI	Zip Code 06789
FEC ID number of contributing federal political committee. C		
Name of Employer Horizon Lines	Occupation Safety Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) C. Frank Roznerski		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2013 Transaction ID : SA11AI.11506
Mailing Address 95-40 HaaloHi St		Amount of Each Receipt this Period 5.00 contribution
City Mililani	State HI	Zip Code 06789
FEC ID number of contributing federal political committee. C		
Name of Employer Horizon Lines	Occupation Safety Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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) A. Claudia Stone		Date of Receipt
Mailing Address 3 Atwood Avenue		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pompton Plains	NJ	07444
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.11479
Horizon Lines	Associate General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="687.50"/>	<input type="text" value="62.50"/>
<input type="checkbox"/> Other (specify) ▼		contribution

Full Name (Last, First, Middle Initial) B. Michael Zendan		Date of Receipt
Mailing Address 943 Longfield Circle		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28270
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.11480
Horizon Lines	Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1260.38"/>	<input type="text" value="114.58"/>
<input type="checkbox"/> Other (specify) ▼		contribution

Full Name (Last, First, Middle Initial) C. Robert Zuckerman		Date of Receipt
Mailing Address 110 82nd Street Unit B		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Virginal Beach	VA	23451
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.11481
Horizon Lines	VP Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1837.00"/>	<input type="text" value="167.00"/>
<input type="checkbox"/> Other (specify) ▼		contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="344.08"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="1072.11"/>

**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. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2013

Mailing Address PO BOX 1631

Transaction ID : SB23.11455

City State Zip Code
BALTIMORE MD 21203

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
contribution

Category/ Type

Candidate Name

ELIJAH E CUMMINGS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 07

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR DEREK KILMER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2013

Mailing Address PO BOX 1574

Transaction ID : SB23.11450

City State Zip Code
GIG HARBOR WA 98335

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
contribution

Category/ Type

Candidate Name

DEREK KILMER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 06

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

3500.00

3500.00
