

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

ADDRESS (number and street) 1050 Connecticut Ave NW  
 Suite 1200 c/o T. WALLS  
 Check if different than previously reported. (ACC)  
 WASHINGTON DC 20036

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
 (b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
 (c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
 Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 (d) 30-Day Post -Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
 Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2009 through 03 31 2009

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 Electronically Filed by Mark Blankenship Date 04 21 2009

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										<b>FEC FORM 3X</b> (Rev. 12/2004)
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		80682.87
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	78080.80									
(c) Total Receipts (from Line 19) .....	2757.61	8963.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	80838.41	89646.74								
7. Total Disbursements (from Line 31) .....	7647.35	16455.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	73191.06	73191.06								
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 Government Fund/Horizon Lines Associates Good Govt Fu

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	1637.49	3592.24
(i) Itemized (use Schedule A) .....	1120.12	5371.63
(ii) Unitemized .....	2757.61	8963.87
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2757.61	8963.87
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2757.61	8963.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2757.61	8963.87

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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.....	7500.00	16000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	10.00
(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	10.00
29. Other Disbursements.....	147.35	445.68
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7647.35	16455.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7647.35	16455.68

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2757.61	8963.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	10.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2757.61	8953.87
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 / 14
	<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 Government Fund/Horizon Lines Associates Good Govt Fu

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Avara	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 1218 Hillshire Meadow Drive	<b>Transaction ID:</b> SA11AI.7859
	City State Zip Code Matthews NC 28105	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction monthly
Name of Employer Horizon Lines, LLC	Occupation Sr VP, Finance & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marvin Buchanan	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 6012 E Mercer Way	<b>Transaction ID:</b> SA11AI.7866
	City State Zip Code Mercer Island WA 98040	Amount of Each Receipt this Period 145.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction monthly
Name of Employer Horizon Lines	Occupation Director, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.53	

<b>C.</b>	Full Name (Last, First, Middle Initial) Erica Compton	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 4838 Gurley Ave	<b>Transaction ID:</b> SA11AI.7872
	City State Zip Code Dallas TX 75223	Amount of Each Receipt this Period 70.20
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction monthly
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 ▼ 210.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>315.20</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 / 14
	<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 Government Fund/Horizon Lines Associates Good Govt Fu

<b>A.</b>	Full Name (Last, First, Middle Initial) Marion G. Davis		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 11511 Brayton Drive C1		<b>Transaction ID:</b> SA11AI.7893
	City Anchorage	State AK	Zip Code 98516
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Horizon Lines Occupation Director, operations		payroll deduction weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rich Kessler		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 3123 Overlook Circle		<b>Transaction ID:</b> SA11AI.7876
	City Hilland Village	State TX	Zip Code 75077
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 157.86
	Name of Employer Horizon Services Occupation Vice president		payroll deduction monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 473.38	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marv Labrador		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address P.O. Box 8897		<b>Transaction ID:</b> SA11AI.7875
	City Tamuning	State GU	Zip Code 96931
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
	Name of Employer Horizon Lines Occupation General Manager, Country Mgmt		payroll deduction weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>377.86</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 / 14
	<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 Government Fund/Horizon Lines Associates Good Govt Fu

**A.**

Full Name (Last, First, Middle Initial)  
Huei-Ning P Pee

Mailing Address 1839 Darnell Circle

City State Zip Code  
Frisco TX 00007

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

Name of Employer Occupation  
Horizon Lines Manager Applications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 268.56

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** SA11AI.7870

Amount of Each Receipt this Period  
89.52

payroll deduction monthly

**B.**

Full Name (Last, First, Middle Initial)  
Charles G. Raymond

Mailing Address 9015 Winged Bourne Rd

City State Zip Code  
Charlotte NC 28210

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

Name of Employer Occupation  
Horizon Lines President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1599.99

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** SA11AI.7848

Amount of Each Receipt this Period  
533.33

payroll deduction monthly

**C.**

Full Name (Last, First, Middle Initial)  
Sam Raymond

Mailing Address 6143 Cedar Croft Drive

City State Zip Code  
Charlotte NC 28266

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

Name of Employer Occupation  
Horizon Lines Manager, Performance Monitoring

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 257.49

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** SA11AI.7854

Amount of Each Receipt this Period  
85.83

payroll deduction monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **708.68**

**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 / 14
	<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 Government Fund/Horizon Lines Associates Good Govt Fu

**A.**

Full Name (Last, First, Middle Initial) Jose Rodriguez		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address Alturas de Torrimar		<b>Transaction ID:</b> SA11AI.7869
City San Juan	State PR	Zip Code 00969
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 68.75
Name of Employer Horizon Lines	Occupation General Manager, Sales	payroll deduction monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.25	

**B.**

Full Name (Last, First, Middle Initial) Robert Zuckerman		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 19233 Hidden Cove Lane		<b>Transaction ID:</b> SA11AI.7851
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 167.00
Name of Employer Horizon Lines	Occupation VP Legal	payroll deduction monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	235.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1637.49

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 14

<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 Government Fund/Horizon Lines Associates Good Govt Fu

A.	Full Name (Last, First, Middle Initial) <b>CITIZENS TO ELECT RICK LARSEN</b>	<b>Transaction ID: SB23.7844</b>
	Mailing Address <b>PO Box 326</b>	Date of Disbursement MM / DD / YYYY <b>03 / 11 / 2009</b>
	City <b>Everett</b> State <b>WA</b> Zip Code <b>98206</b>	Amount of Each Disbursement this Period <b>1500.00</b>
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>WA</b> District: <b>02</b>	
B.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF MAZIE HIRONO</b>	<b>Transaction ID: SB23.7845</b>
	Mailing Address <b>PO BOX 677</b>	Date of Disbursement MM / DD / YYYY <b>03 / 11 / 2009</b>
	City <b>HONOLULU</b> State <b>HI</b> Zip Code <b>96809</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>HI</b> District: <b>02</b>	
C.	Full Name (Last, First, Middle Initial) <b>PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN</b>	<b>Transaction ID: SB23.7843</b>
	Mailing Address <b>PO BOX 3662</b>	Date of Disbursement MM / DD / YYYY <b>03 / 09 / 2009</b>
	City <b>SEATTLE</b> State <b>WA</b> Zip Code <b>98124</b>	Amount of Each Disbursement this Period <b>2500.00</b>
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>WA</b> District: <b>00</b>	

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

**5000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 14

<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 Government Fund/Horizon Lines Associates Good Govt Fu

A.

Full Name (Last, First, Middle Initial)  
SESTAK FOR CONGRESS

Transaction ID: SB23.7842

Date of Disbursement

Mailing Address P.O. Box 16

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	9

City State Zip Code  
Media PA 19063

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

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

2500.00

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

7500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 101 South Tryon Street

City State Zip Code  
Charlotte NC 28255

Purpose of Disbursement  
bank fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7841

Date of Disbursement

/   /

Amount of Each Disbursement this Period

147.35

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

147.35

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

147.35

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> BSY Associates			Nature of Debt (Purpose): design, production of printed materials
Mailing Address 195 Fairfield Ave. Suite 4D			
City West Caldwell	State NJ	ZIP Code 07006	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.4121</b>	
-3770.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	-3770.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> BSY Associates			Nature of Debt (Purpose): design, production of printed materials
Mailing Address 195 Fairfield Ave. Suite 4D			
City West Caldwell	State NJ	ZIP Code 07006	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.4120</b>	
3770.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3770.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	0.00
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	0.00

**Image# 29933592135**

Form/Schedule: **SB23**

Transaction ID: **SB23.7843**

This contribution originally had been flagged as an excessive contribution, but is within contribution limits. A review of records indicated that an earlier contribution to the same campaign committee had been reported twice. The December 20, 2007 report has now been amended to correct that redundancy. Thank you.

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