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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12P24M5

Horizon Lines Associates Good Government Fund

Attn: Thomas Walls

ADDRESS (number and street)

1050 Connecticut Avenue NW

(Check if address  
is changed)

Suite 1200

Washington

DC

20036

5317

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

twalls@nwcilc.com

mblankenship@csxlines.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

02 14 2003

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Thomas F. Walls, Asst. Treasurer

Signature of Treasurer



Date

02 20 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalty of 2 U.S.C. §437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 DAYS.

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For further information contact:  
Federal Election Commission  
Tel: 1-800-424-9550  
www.fec.gov 202-634-1100

FEC FORM 1  
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State or subordinates) committee of the (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

CSX Lines, LLC

Mailing Address: 2101 Rexford Road  
 Suite 350 West  
 Charlotte NC 28211 3487  
 CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name: Treasurer  
 Mailing Address:  
 Title or Position: CITY: STATE: ZIP CODE:  
 Telephone number:

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Karen L. Bowman  
 Mailing Address: 2101 Rexford Road  
 Suite 350 West  
 Charlotte NC 28211 3487  
 Title or Position: CITY: STATE: ZIP CODE:  
 Vice President Telephone number: 704 973 7035

Full Name of Designated Agent: Thomas F. Wallis  
 Mailing Address: 1050 Connecticut Avenue, NW  
 Suite 1200  
 Washington DC 20036 5317  
 Title or Position: CITY: STATE: ZIP CODE:  
 Asst. Treasurer Telephone number: 202 857 2905

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

Global Client Services

101 South Tryon Street

Charlotte

NC

28255

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

## Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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