

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 09 01 2006 through 09 30 2006

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 10 20 2006

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**

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 | 9 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | 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>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 48751.19 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 64505.42 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 806.16 | 36303.75 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 65311.58 | 85054.94 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 3000.00 | 22743.36 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 62311.58 | 62311.58 | | | | | | | | |
| 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 Government Fund/Horizon Lines Associates Good Govt Fu

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 666.72 | 23032.23 |
| (i) Itemized (use Schedule A) | 139.44 | 13271.52 |
| (ii) Unitemized | 806.16 | 36303.75 |
| (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) | 806.16 | 36303.75 |
| 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)) | 806.16 | 36303.75 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 806.16 | 36303.75 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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..... | 3000.00 | 22000.00 |
| 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 | 708.36 |
| (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 | 708.36 |
| 29. Other Disbursements..... | 0.00 | 35.00 |
| 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)).. | 3000.00 | 22743.36 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 3000.00 | 22743.36 |

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) | 806.16 | 36303.75 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 708.36 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 806.16 | 35595.39 |
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 11 |
| | <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

A. Full Name (Last, First, Middle Initial)
Charles Battiato

Mailing Address P.O. Box 894715

City State Zip Code
Mililani HI 96789

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

Name of Employer Occupation
Horizon Lines Manager, Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 372.49

Date of Receipt
MM / DD / YYYY
09 / 26 / 2006

Transaction ID: SA11A1.5633

Amount of Each Receipt this Period
38.52

payroll deduction

B. Full Name (Last, First, Middle Initial)
Jeff Brennan

Mailing Address 47-432 Waihee Rd

City State Zip Code
Kaneohe HI 96744-4951

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

Name of Employer Occupation
Horizon Lines Manager, Port Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2006

Transaction ID: SA11A1.5630

Amount of Each Receipt this Period
40.00

payroll deduction

C. Full Name (Last, First, Middle Initial)
Eric Britten

Mailing Address 17530 Steamboat Dr

City State Zip Code
Anchorage AK 99516

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

Name of Employer Occupation
Horizon Lines Manager, Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2006

Transaction ID: SA11A1.5631

Amount of Each Receipt this Period
60.00

payroll deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 138.52 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 11 |
| | <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)
Marion G. Davis

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
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: SA11A1.5645

Amount of Each Receipt this Period
100.00

payroll deduction

B. Full Name (Last, First, Middle Initial)
Clifford Farley

Mailing Address 3570 Sharatin Road

City Kodiak State AK Zip Code 99615

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

Name of Employer Horizon Lines Occupation Manager - Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: SA11A1.5628

Amount of Each Receipt this Period
100.00

payroll deduction

C. Full Name (Last, First, Middle Initial)
Dwayne Fujitani

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 ▼ 243.61

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: SA11A1.5643

Amount of Each Receipt this Period
25.20

payroll deduction

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 225.20 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 11 |
| | <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"/> | <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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Lori A Galloway | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 |
| Mailing Address P.O. Box 111393 | | Transaction ID: SA11A1.5634 |
| City State Zip Code Anchorage AK 99511 | Amount of Each Receipt this Period 60.00 | |
| FEC ID number of contributing federal political committee. C | payroll deduction | |
| 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 ▼ 585.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Kevin Gill | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 |
| Mailing Address 7522 Seton House Lane | | Transaction ID: SA11A1.5626 |
| City State Zip Code Charlotte NC 28277 | Amount of Each Receipt this Period 40.00 | |
| FEC ID number of contributing federal political committee. C | payroll deduction | |
| Name of Employer Horizon Lines | Occupation Director Tradelanes | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Marv Labrador | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 |
| Mailing Address P.O. Box 8897 | | Transaction ID: SA11A1.5629 |
| City State Zip Code Tamuning GU 96931 | Amount of Each Receipt this Period 115.40 | |
| FEC ID number of contributing federal political committee. C | payroll deduction | |
| Name of Employer Horizon Lines | Occupation General Manager, Country Mgmt | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1062.99 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 215.40 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

| | | |
|--|--|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 11 |
| | <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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Mike A Lynch | | Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006 | |
| Mailing Address P.O. Box 921127 | | Transaction ID: SA11A1.5635 | |
| City State Zip Code Dutch Hart AK 99692 | Amount of Each Receipt this Period 40.00 payroll deduction | | |
| 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 ▼ 370.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Ku Park | | Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006 | |
| Mailing Address 965 Maunawili Cir | | Transaction ID: SA11A1.5640 | |
| City State Zip Code Kailua HI 96734-4620 | Amount of Each Receipt this Period 47.60 payroll deduction | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Horizon Lines | Occupation Manager, Government Relations | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 460.36 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 87.60 |
| TOTAL This Period (last page this line number only) ▶ | 666.72 |

**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 / 11

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

Full Name (Last, First, Middle Initial)

A. ALASKANS FOR DON YOUNG

Mailing Address PO Box 100298

City Anchorage State AK Zip Code 99510

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: AK District: 00

Transaction ID: SB23.5622

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

B. FRIENDS OF JIM OBERSTAR

Mailing Address 1017 8th St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MN District: 08

Transaction ID: SB23.5623

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

C. IKE SKELTON FOR CONGRESS COMMITTEE

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MO District: 04

Transaction ID: SB23.5624

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

3000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 11 / 11 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

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) of Debtor or Creditor BSY Associates | Nature of Debt (Purpose): design, production of printed materials |
| Mailing Address 195 Fairfield Ave. Suite 4D | |
| City State ZIP Code West Caldwell NJ 07006 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="-3770.00"/> | Transaction ID: SD10.4121 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="-3770.00"/> |

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

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="3770.00"/> | Transaction ID: SD10.4120 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="3770.00"/> |

| | |
|--|-----------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="0.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text" value="0.00"/> |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text" value=""/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text" value=""/> |