

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.

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

Attn: W. Farah

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input checked="" type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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 / /

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									
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**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"/>	<input type="text" value="63275.67"/>	<input type="text" value="63275.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="52547.15"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1360.96"/>	<input type="text" value="15708.32"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="53908.11"/>	<input type="text" value="78983.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4500.00"/>	<input type="text" value="29575.88"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="49408.11"/>	<input type="text" value="49408.11"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	1223.96	11187.29
(ii) Unitemized	137.00	6091.17
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1360.96	17278.46
(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)	1360.96	17278.46
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))..... ▶	1360.96	15708.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1360.96	15708.32

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) 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.....	4500.00	29500.00
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)) ..	4500.00	29575.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4500.00	29575.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	1360.96	17278.46
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1360.96	17278.46
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 19
<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. Charles Battiato
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 894715

City Mililani	State HI	Zip Code 96789
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FEC ID number of contributing federal political committee. **C**

Name of Employer Horizon Lines	Occupation Manager, Sales
-----------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
513.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2011

Transaction ID : SA11AI.9982

Amount of Each Receipt this Period
51.33

Contribution

B. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2011

Transaction ID : SA11AI.9970

Amount of Each Receipt this Period
50.00

Contribution

C. Thomas M Bellerud
Full Name (Last, First, Middle Initial)
Mailing Address 3607 22nd St SE

City Puyallup	State WA	Zip Code 98374
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2011

Transaction ID : SA11AI.9989

Amount of Each Receipt this Period
40.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	141.33
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 19
	<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)

Full Name (Last, First, Middle Initial) A. Alfred Bozzuffi		Date of Receipt <table border="1"> <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>10</td> <td></td> <td>26</td> <td></td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		26		2011
M M M	/	D D D	/	Y Y Y Y Y Y								
10		26		2011								
Mailing Address 159 Bergen Street		Transaction ID : SA11AI.9969										
City Brooklyn	State NY	Zip Code 11217										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 458.30										
Name of Employer Horizon Lines	Occupation Naval Architect	Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.30											

Full Name (Last, First, Middle Initial) B. Marvin Buchanan		Date of Receipt <table border="1"> <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>10</td> <td></td> <td>26</td> <td></td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		26		2011
M M M	/	D D D	/	Y Y Y Y Y Y								
10		26		2011								
Mailing Address 6012 E Mercer Way		Transaction ID : SA11AI.9990										
City Mercer Island	State WA	Zip Code 98040										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 147.08										
Name of Employer Horizon Lines	Occupation Director, Marketing	Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1470.80											

Full Name (Last, First, Middle Initial) C. Erica Compton		Date of Receipt <table border="1"> <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>10</td> <td></td> <td>26</td> <td></td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		26		2011
M M M	/	D D D	/	Y Y Y Y Y Y								
10		26		2011								
Mailing Address 4838 Gurley Ave		Transaction ID : SA11AI.9975										
City Dallas	State TX	Zip Code 75223										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.20										
Name of Employer Horizon Lines	Occupation Manager, Collections	Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 702.00											

SUBTOTAL of Receipts This Page (optional).....▶	263.11
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 8 OF 19
<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 **1000.00**

Date of Receipt **10 / 06 / 2011**
Transaction ID : SA11AI.9943
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 **1025.00**

Date of Receipt **10 / 13 / 2011**
Transaction ID : SA11AI.9944
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 **1050.00**

Date of Receipt **10 / 20 / 2011**
Transaction ID : SA11AI.9945
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: (check only one)	PAGE 9 OF 19
	<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. Marion G. Davis			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2011
Mailing Address 11511 Brayton Drive C1			Transaction ID : SA11AI.9946
City Anchorage	State AK	Zip Code 98516	Amount of Each Receipt this Period 25.00
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 ▼ 1075.00		

Full Name (Last, First, Middle Initial) B. Dwayne Fujitani			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2011
Mailing Address 1818a Aupuni St			Transaction ID : SA11AI.9935
City Honolulu	State HI	Zip Code 96817	Amount of Each Receipt this Period 7.21
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 ▼ 288.40		

Full Name (Last, First, Middle Initial) C. Dwayne Fujitani			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 13 / 2011
Mailing Address 1818a Aupuni St			Transaction ID : SA11AI.9936
City Honolulu	State HI	Zip Code 96817	Amount of Each Receipt this Period 7.21
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 ▼ 295.61		

SUBTOTAL of Receipts This Page (optional).....▶	39.42
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 19
	<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. Dwayne Fujitani		Date of Receipt 10 / 20 / 2011 Transaction ID : SA11AI.9937
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.21
City Honolulu State HI Zip Code 96817	Contribution	
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 ▼ 302.82	

Full Name (Last, First, Middle Initial) B. Dwayne Fujitani		Date of Receipt 10 / 27 / 2011 Transaction ID : SA11AI.9938
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.21
City Honolulu State HI Zip Code 96817	Contribution	
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 ▼ 310.03	

Full Name (Last, First, Middle Initial) C. Lori A Galloway		Date of Receipt 10 / 06 / 2011 Transaction ID : SA11AI.9959
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 15.00
City Anchorage State AK Zip Code 99511	Contribution	
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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	29.42
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 11 OF 19
	<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 ▼ **615.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2011

Transaction ID : SA11AI.9960

Amount of Each Receipt this Period
 15.00

Contribution

B. 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 ▼ **630.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2011

Transaction ID : SA11AI.9961

Amount of Each Receipt this Period
 15.00

Contribution

C. 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 ▼ **645.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2011

Transaction ID : SA11AI.9962

Amount of Each Receipt this Period
 15.00

Contribution

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 19
	<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)

Full Name (Last, First, Middle Initial) A. James Garrahan		Date of Receipt 10 / 26 / 2011 Transaction ID : SA11AI.9978
Mailing Address 73 Paseo De Orguideas		Amount of Each Receipt this Period 500.00
City Trujillo Alto	State PR	Zip Code 00976
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Horizon Lines	Occupation Manager, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Kenneth Gill		Date of Receipt 10 / 06 / 2011 Transaction ID : SA11AI.9947
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Kenneth Gill		Date of Receipt 10 / 13 / 2011 Transaction ID : SA11AI.9948
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 ▼ 410.00	

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 13 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. 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 **420.00**

Date of Receipt **10 / 20 / 2011**
Transaction ID : SA11AI.9949
 Amount of Each Receipt this Period **10.00**
 Contribution

B. 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 **430.00**

Date of Receipt **10 / 27 / 2011**
Transaction ID : SA11AI.9950
 Amount of Each Receipt this Period **10.00**
 Contribution

C. 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 **566.50**

Date of Receipt **10 / 26 / 2011**
Transaction ID : SA11AI.9979
 Amount of Each Receipt this Period **56.65**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	76.65
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 14 OF 19
(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)
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 ▼ **205.00**

Date of Receipt
10 / 13 / 2011

Transaction ID : SA11AI.9956

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 ▼ **210.00**

Date of Receipt
10 / 20 / 2011

Transaction ID : SA11AI.9957

Amount of Each Receipt this Period
5.00

Contribution

Full Name (Last, First, Middle Initial)
C. 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 ▼ **215.00**

Date of Receipt
10 / 27 / 2011

Transaction ID : SA11AI.9958

Amount of Each Receipt this Period
5.00

Contribution

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 15 OF 19
	<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)

Full Name (Last, First, Middle Initial) A. Linda L Montgomery		Date of Receipt 10 / 26 / 2011 Transaction ID : SA11AI.9986
Mailing Address 157 Simmons Drive		Amount of Each Receipt this Period 36.45
City Copell	State TX	Zip Code 75019
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Manager, Outbound Documentation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.50	

Full Name (Last, First, Middle Initial) B. Anita M. Olson		Date of Receipt 10 / 26 / 2011 Transaction ID : SA11AI.9980
Mailing Address 1724 Tawakoni Lane		Amount of Each Receipt this Period 25.00
City Plano	State TX	Zip Code 75075
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Manager, operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Leslie Peters		Date of Receipt 10 / 26 / 2011 Transaction ID : SA11AI.9977
Mailing Address 21 Shippen Court		Amount of Each Receipt this Period 1.00
City Flemington	State NJ	Zip Code 08822
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Regional Sales, International	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 382.00	

SUBTOTAL of Receipts This Page (optional).....▶	62.45
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: (check only one)	PAGE 16 OF 19
	<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. Frank Roznerski		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2011
Mailing Address 95-40 Haalohi St		Transaction ID : SA11AI.9940
City Mililani	State HI	Zip Code 06789
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00	
Name of Employer Horizon Lines	Occupation Safety Manager	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) B. Frank Roznerski		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2011
Mailing Address 95-40 Haalohi St		Transaction ID : SA11AI.9941
City Mililani	State HI	Zip Code 06789
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00	
Name of Employer Horizon Lines	Occupation Safety Manager	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Frank Roznerski		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2011
Mailing Address 95-40 Haalohi St		Transaction ID : SA11AI.9942
City Mililani	State HI	Zip Code 06789
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00	
Name of Employer Horizon Lines	Occupation Safety Manager	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

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 19
	<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

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) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **10 / 26 / 2011**

Transaction ID : SA11AI.9973

Amount of Each Receipt this Period **600.00**

Contribution

Full Name (Last, First, Middle Initial)
B. Brian Taylor

Mailing Address 150 Kaapuni Drive

City Kallua State HI Zip Code 96734

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

Name of Employer Horizon Lines Occupation VP Country Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 26 / 2011**

Transaction ID : SA11AI.9968

Amount of Each Receipt this Period **50.00**

Contribution

Full Name (Last, First, Middle Initial)
c. Michael, Zendan

Mailing Address 943 Longfield Circle

City Charlotte State NC Zip Code 28270

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

Name of Employer Horizon Lines Occupation VP, Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1145.80**

Date of Receipt **10 / 26 / 2011**

Transaction ID : SA11AI.9987

Amount of Each Receipt this Period **114.58**

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **224.58**

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 18 OF 19
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Robert Zuckerman
Full Name (Last, First, Middle Initial)

Mailing Address 19233 Hidden Cove Lane

City Cornelius State NC Zip Code 28031

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

Name of Employer Horizon Lines Occupation VP Legal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1670.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2011

Transaction ID : SA11AI.9972

Amount of Each Receipt this Period
167.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	167.00
TOTAL This Period (last page this line number only).....▶	1223.96

**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. GILLIBRAND FOR SENATE

Mailing Address 236 MASSACHUSETTS AVE SUITE 110

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement Contribution

Candidate Name

KIRSTEN ELIZABETH GILLIBRAND

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2011

Transaction ID : SB23.9934

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KAY HAGAN FOR US SENATE

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement Contribution

Candidate Name

KAY R HAGAN

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2011

Transaction ID : SB23.9926

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. NORM DICKS FOR CONGRESS

Mailing Address PO Box 1663

City Tacoma State WA Zip Code 98401

Purpose of Disbursement Contribution

Candidate Name

NORMAN D DICKS

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2011

Transaction ID : SB23.9929

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

4500.00
