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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12P2485

HORIZON LINES ASSOCIATES GOOD GOVERNMENT FUND

1050 CONNECTICUT AVENUE NW

ADDRESS (number and street)

Suite 1200

(Check if address is changed)

WASHINGTON

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

twalls@hwalle.com

mbblankenship@horizon-lines.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-826-2986

2. DATE

12 10 2003

3. FEC IDENTIFICATION NUMBER ▶

C 0 0 3 8 5 1 7 9

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 Mark Blankenship (treasurer); Thomas Walls (asst. treasurer)

Signature of Treasurer

Date

12 10 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 6437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:
Federal Election Commission
1-800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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

- (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 subordinate) 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

HORIZON LINES HOLDING CORP. _____

Mailing Address 1100 G 1 PENNSYLVANIA AVE., NW
SUITE 2200
WASHINGTON, DC 20004
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED _____

Type of Connected Organization:

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

FEC Form 1 (Revised 02/2003)

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 MARK BLANKENSHIP
 Mailing Address 210 REXFORD ROAD
SUITE 330 WEST
CHARLOTTE _____ STATE NC ZIP CODE 28231
 Title or Position _____ CITY _____ STATE _____ ZIP CODE _____
TREASURER _____ Telephone number 704-973-7041

Full Name of Designated Agent THOMAS F. WALLS
 Mailing Address 1050 CONNECTICUT AVE NW

WASHINGTON _____ STATE DC ZIP CODE 20036
 Title or Position _____ CITY _____ STATE _____ ZIP CODE _____
ASST. TREASURER _____ Telephone number 202-857-2905

8. 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

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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