

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)
Attn: W. Farah
 Check if different than previously reported. (ACC)

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:
 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 (12S)
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 / / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="30998.11"/>	<input type="text" value="30998.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="30409.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1338.55"/>	<input type="text" value="10250.43"/>
(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="31748.54"/>	<input type="text" value="41248.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="16500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24748.54"/>	<input type="text" value="24748.54"/>
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).....	1277.55	6914.80
(ii) Unitemized	61.00	3335.63
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1338.55	10250.43
(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)	1338.55	10250.43
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 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))..... ▶	1338.55	10250.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1338.55	10250.43

DETAILED SUMMARY PAGE
of Disbursements

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	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.....	7000.00	16500.00
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)) ..	7000.00	16500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	16500.00

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)	1338.55	10250.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1338.55	10250.43
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 OF 21
<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. 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 **10 / 30 / 2014**
Transaction ID : SA11AI.12127
Amount of Each Receipt this Period **500.00**
contribution

B. Alfred Bozzuffi
Full Name (Last, First, Middle Initial)
Mailing Address 159 Bergen Street
City Brooklyn State NY Zip Code 11217
FEC ID number of contributing federal political committee. **C**
Name of Employer Horizon Lines Occupation Naval Architect
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **478.10**

Date of Receipt **10 / 30 / 2014**
Transaction ID : SA11AI.12128
Amount of Each Receipt this Period **478.10**
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 VP And General Mgr, Alaska
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1050.00**

Date of Receipt **10 / 16 / 2014**
Transaction ID : SA11AI.12078
Amount of Each Receipt this Period **25.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **122.81**
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 21
	<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 MM / DD / YYYY 10 / 23 / 2014 Transaction ID : SA11AI.12086
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 25.00 contribution
City Anchorage	State AK	Zip Code 98516
FEC ID number of contributing federal political committee. C		
Name of Employer Horizon Lines	Occupation VP And General Mgr, Alaska	
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. Marion G. Davis		Date of Receipt MM / DD / YYYY 10 / 30 / 2014 Transaction ID : SA11AI.12094
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 25.00 contribution
City Anchorage	State AK	Zip Code 98516
FEC ID number of contributing federal political committee. C		
Name of Employer Horizon Lines	Occupation VP And General Mgr, Alaska	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Marion G. Davis		Date of Receipt MM / DD / YYYY 11 / 06 / 2014 Transaction ID : SA11AI.12102
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 25.00 contribution
City Anchorage	State AK	Zip Code 98516
FEC ID number of contributing federal political committee. C		
Name of Employer Horizon Lines	Occupation VP And General Mgr, Alaska	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

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 8 OF 21
	<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. Marion G. Davis			Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.12110
Mailing Address 11511 Brayton Drive C1			Amount of Each Receipt this Period 25.00 contribution
City Anchorage	State AK	Zip Code 98516	
FEC ID number of contributing federal political committee. C			
Name of Employer Horizon Lines	Occupation VP And General Mgr, Alaska		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00		

Full Name (Last, First, Middle Initial) B. Marion G. Davis			Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2014 Transaction ID : SA11AI.12118
Mailing Address 11511 Brayton Drive C1			Amount of Each Receipt this Period 25.00 contribution
City Anchorage	State AK	Zip Code 98516	
FEC ID number of contributing federal political committee. C			
Name of Employer Horizon Lines	Occupation VP And General Mgr, Alaska		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1175.00		

Full Name (Last, First, Middle Initial) C. Dwayne Fujitani			Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014 Transaction ID : SA11AI.12080
Mailing Address 1818a Aupuni St			Amount of Each Receipt this Period 7.93 contribution
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.06		

SUBTOTAL of Receipts This Page (optional).....▶	57.93
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 21
	<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. Dwayne Fujitani			Date of Receipt 10 / 23 / 2014 Transaction ID : SA11AI.12087
Mailing Address 1818a Aupuni St			Amount of Each Receipt this Period 7.93 contribution
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.99		

Full Name (Last, First, Middle Initial) B. Dwayne Fujitani			Date of Receipt 10 / 30 / 2014 Transaction ID : SA11AI.12096
Mailing Address 1818a Aupuni St			Amount of Each Receipt this Period 7.93 contribution
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 348.92		

Full Name (Last, First, Middle Initial) C. Dwayne Fujitani			Date of Receipt 11 / 06 / 2014 Transaction ID : SA11AI.12104
Mailing Address 1818a Aupuni St			Amount of Each Receipt this Period 7.93 contribution
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 356.85		

SUBTOTAL of Receipts This Page (optional).....▶	23.79
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 21
<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 M M / D D / Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.12112
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.93 contribution
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		Aggregate Year-to-Date ▼ 364.78
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dwayne Fujitani		Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2014 Transaction ID : SA11AI.12120
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.93 contribution
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		Aggregate Year-to-Date ▼ 372.71
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lori A Galloway		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2014 Transaction ID : SA11AI.12081
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 15.00 contribution
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. C	Name of Employer Horizon Lines	
Occupation Manager, Port Operations		Aggregate Year-to-Date ▼ 630.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	30.86
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 21
	<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. Lori A Galloway			Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2014
Mailing Address P.O. Box 111393			Transaction ID : SA11Al.12091
City Anchorage	State AK	Zip Code 99511	Amount of Each Receipt this Period 15.00
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 ▼ 645.00		

Full Name (Last, First, Middle Initial) B. Lori A Galloway			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2014
Mailing Address P.O. Box 111393			Transaction ID : SA11Al.12097
City Anchorage	State AK	Zip Code 99511	Amount of Each Receipt this Period 15.00
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 ▼ 660.00		

Full Name (Last, First, Middle Initial) C. Lori A Galloway			Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2014
Mailing Address P.O. Box 111393			Transaction ID : SA11Al.12105
City Anchorage	State AK	Zip Code 99511	Amount of Each Receipt this Period 15.00
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 ▼ 675.00		

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 21
<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. Lori A Galloway

Mailing Address P.O. Box 111393

City Anchorage State AK Zip Code 99511

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 ▼ **690.00**

Date of Receipt **11 / 13 / 2014**

Transaction ID : SA11Al.12113

Amount of Each Receipt this Period **15.00**

contribution

Full Name (Last, First, Middle Initial)
B. Lori A Galloway

Mailing Address P.O. Box 111393

City Anchorage State AK Zip Code 99511

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 ▼ **705.00**

Date of Receipt **11 / 20 / 2014**

Transaction ID : SA11Al.12121

Amount of Each Receipt this Period **15.00**

contribution

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

Mailing Address 73 Paseo De Orguideas

City Trujillo Alto State PR Zip Code 00976

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 ▼ **500.00**

Date of Receipt **10 / 30 / 2014**

Transaction ID : SA11Al.12129

Amount of Each Receipt this Period **50.00**

contribution

SUBTOTAL of Receipts This Page (optional)..... **80.00**

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 21
	<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. Kenneth Gill		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014 Transaction ID : SA11AI.12082
Mailing Address 2911 Leeward Place		Amount of Each Receipt this Period 10.00 contribution
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Kenneth Gill		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014 Transaction ID : SA11AI.12092
Mailing Address 2911 Leeward Place		Amount of Each Receipt this Period 10.00 contribution
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) C. Kenneth Gill		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11AI.12101
Mailing Address 2911 Leeward Place		Amount of Each Receipt this Period 10.00 contribution
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 14 OF 21
	<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. Kenneth Gill			Date of Receipt MM / DD / YYYY 11 / 06 / 2014 Transaction ID : SA11Al.12106
Mailing Address 2911 Leeward Place			Amount of Each Receipt this Period 10.00 contribution
City Anchorage	State AK	Zip Code 99516	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 450.00 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 ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Kenneth Gill			Date of Receipt MM / DD / YYYY 11 / 13 / 2014 Transaction ID : SA11Al.12114
Mailing Address 2911 Leeward Place			Amount of Each Receipt this Period 10.00 contribution
City Anchorage	State AK	Zip Code 99516	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 460.00 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 ▼ 460.00		

Full Name (Last, First, Middle Initial) C. Kenneth Gill			Date of Receipt MM / DD / YYYY 11 / 20 / 2014 Transaction ID : SA11Al.12122
Mailing Address 2911 Leeward Place			Amount of Each Receipt this Period 10.00 contribution
City Anchorage	State AK	Zip Code 99516	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 470.00 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 ▼ 470.00		

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 21
	<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 Gov't Fund (Horizon Lines Associates Good Gov't Fund)

A. 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 **586.30**

Date of Receipt **10 / 30 / 2014**
Transaction ID : SA11AI.12130
Amount of Each Receipt this Period **58.63**
contribution

B. Lana I Kanaha
Full Name (Last, First, Middle Initial)
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 / 16 / 2014**
Transaction ID : SA11AI.12083
Amount of Each Receipt this Period **5.00**
contribution

C. Lana I Kanaha
Full Name (Last, First, Middle Initial)
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 / 23 / 2014**
Transaction ID : SA11AI.12089
Amount of Each Receipt this Period **5.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **68.63**
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 21
	<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. Lana I Kanaha		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11AI.12098
Mailing Address 837 Kealahou St		Amount of Each Receipt this Period 5.00 contribution
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		Aggregate Year-to-Date ▼ 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lana I Kanaha		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014 Transaction ID : SA11AI.12107
Mailing Address 837 Kealahou St		Amount of Each Receipt this Period 5.00 contribution
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		Aggregate Year-to-Date ▼ 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lana I Kanaha		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.12115
Mailing Address 837 Kealahou St		Amount of Each Receipt this Period 5.00 contribution
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		Aggregate Year-to-Date ▼ 230.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 21
	<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)

A. Lana I Kanaha
Full Name (Last, First, Middle Initial)

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 ▼ **235.00**

Date of Receipt **11 / 20 / 2014**

Transaction ID : SA11AI.12123

Amount of Each Receipt this Period **5.00**

contribution

B. Linda L Montgomery
Full Name (Last, First, Middle Initial)

Mailing Address 157 Simmons Drive

City Copell State TX Zip Code 75019

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

Name of Employer Horizon Lines Occupation Manager, Outbound Documentation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **364.50**

Date of Receipt **10 / 30 / 2014**

Transaction ID : SA11AI.12132

Amount of Each Receipt this Period **36.45**

contribution

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

Mailing Address 95-40 Haalohe St

City Milliani State HI Zip Code 06789

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

Name of Employer Horizon Lines Occupation Safety Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 16 / 2014**

Transaction ID : SA11AI.12085

Amount of Each Receipt this Period **5.00**

contribution

SUBTOTAL of Receipts This Page (optional).....▶	46.45
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 18 OF 21
	<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 / 23 / 2014 Transaction ID : SA11AI.12088
Mailing Address 95-40 Haalohi St		Amount of Each Receipt this Period 5.00 contribution
City Mililani	State HI	Zip Code 06789
FEC ID number of contributing federal political committee. C	Name of Employer Horizon Lines	
Occupation Safety Manager		Aggregate Year-to-Date ▼ 215.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 / 30 / 2014 Transaction ID : SA11AI.12100
Mailing Address 95-40 Haalohi St		Amount of Each Receipt this Period 5.00 contribution
City Mililani	State HI	Zip Code 06789
FEC ID number of contributing federal political committee. C	Name of Employer Horizon Lines	
Occupation Safety Manager		Aggregate Year-to-Date ▼ 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Frank Roznerski		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014 Transaction ID : SA11AI.12109
Mailing Address 95-40 Haalohi St		Amount of Each Receipt this Period 5.00 contribution
City Mililani	State HI	Zip Code 06789
FEC ID number of contributing federal political committee. C	Name of Employer Horizon Lines	
Occupation Safety Manager		Aggregate Year-to-Date ▼ 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 19 OF 21
	<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. Frank Roznerski		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>11</td> <td>/</td> <td>13</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	13	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	13	/	2014								
Mailing Address 95-40 HaaloHi St		Transaction ID : SA11Al.12117										
City Mililani	State HI	Zip Code 06789										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00 contribution											
Name of Employer Horizon Lines	Occupation Safety Manager											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00											

Full Name (Last, First, Middle Initial) B. Frank Roznerski		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>11</td> <td>/</td> <td>20</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	20	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	20	/	2014								
Mailing Address 95-40 HaaloHi St		Transaction ID : SA11Al.12125										
City Mililani	State HI	Zip Code 06789										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00 contribution											
Name of Employer Horizon Lines	Occupation Safety Manager											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00											

Full Name (Last, First, Middle Initial) C. Steve Rubin		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>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	30	/	2014								
Mailing Address 4064 Colony Road Sutie 200		Transaction ID : SA11Al.12136										
City Charlotte	State NC	Zip Code 28213										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 contribution											
Name of Employer Horizon Lines	Occupation President & CEO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00											

SUBTOTAL of Receipts This Page (optional).....▶	510.00
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 20 OF 21
	<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)

A. Claudia Stone
Full Name (Last, First, Middle Initial)
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 Associate General Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 325.00

Date of Receipt 10 / 30 / 2014
Transaction ID : SA11AI.12137
Amount of Each Receipt this Period 12.50
contribution

B. Michael Zendan
Full Name (Last, First, Middle Initial)
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 Executive Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1145.80

Date of Receipt 10 / 30 / 2014
Transaction ID : SA11AI.12138
Amount of Each Receipt this Period 114.58
contribution

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
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	127.08
TOTAL This Period (last page this line number only).....	1277.55

**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. LISA MURKOWSKI FOR US SENATE

Mailing Address PO BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement contribution

Candidate Name

LISA MURKOWSKI

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: AK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2014			

Transaction ID : SB23.12147

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MARK TAKAI FOR CONGRESS

Mailing Address PO BOX 2267

City PEARL CITY State HI Zip Code 96782

Purpose of Disbursement contribution

Candidate Name

KYLE MARK TAKAI

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: HI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2014			

Transaction ID : SB23.12139

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. SCHATZ FOR SENATE

Mailing Address PO BOX 3828

City HONOLULU State HI Zip Code 96812

Purpose of Disbursement contribution

Candidate Name

BRIAN SCHATZ

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: HI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : SB23.12143

Amount of Each Disbursement this Period

2500.00

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

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

7000.00

7000.00
