

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 WASHINGTON DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00385179 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 04 01 2009 through 04 30 2009

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 06 19 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		78182.87
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	70691.06									
(c) Total Receipts (from Line 19) .....	2986.59	11950.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	73677.65	90133.33								
7. Total Disbursements (from Line 31) .....	4203.47	20659.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	69474.18	69474.18								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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:    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	1990.04	5582.28
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	996.55	6368.18
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2986.59	11950.46
(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) .....	2986.59	11950.46
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	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)) .....	2986.59	11950.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2986.59	11950.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	4000.00	20000.00
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	10.00
(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	10.00
29. Other Disbursements.....	203.47	649.15
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))..	4203.47	20659.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4203.47	20659.15

**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 .....	2986.59	11950.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	10.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2986.59	11940.46
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 / 15
	<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

**A.**

Full Name (Last, First, Middle Initial)  
Michael Avara

Mailing Address 1218 Hillshire Meadow Drive

City State Zip Code  
Matthews NC 28105

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

Name of Employer Occupation  
Horizon Lines, LLC Sr VP, Finance & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.7917

Amount of Each Receipt this Period  
100.00

payroll deduction monthly

**B.**

Full Name (Last, First, Middle Initial)  
Charles Battiatto

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 ▼ 205.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.7945

Amount of Each Receipt this Period  
51.33

payroll deduction monthly

**C.**

Full Name (Last, First, Middle Initial)  
Marvin Buchanan

Mailing Address 6012 E Mercer Way

City State Zip Code  
Mercer Island WA 98040

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

Name of Employer Occupation  
Horizon Lines Director, Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 568.53

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.7930

Amount of Each Receipt this Period  
145.00

payroll deduction monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **296.33**

**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 / 15
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Erica Compton		Date of Receipt
	Mailing Address 4838 Gurley Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Dallas	TX	75223
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7936
Name of Employer Horizon Lines		Occupation Manager, Collections	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.80	<input type="text"/> 70.20
			payroll deduction monthly

<b>B.</b>	Full Name (Last, First, Middle Initial) Marion G. Davis		Date of Receipt
	Mailing Address 11511 Brayton Drive C1		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Anchorage	AK	98516
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7957
Name of Employer Horizon Lines		Occupation Director, operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	<input type="text"/> 125.00
			payroll deduction weekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Dan Downes		Date of Receipt
	Mailing Address 12956 Se 301st St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Auburn	WA	98092
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7947
Name of Employer Horizon Lines		Occupation Director, Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.68	<input type="text"/> 54.67
			payroll deduction monthly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 249.87
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 / 15
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lori A Galloway	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address P.O. Box 111393	<b>Transaction ID:</b> SA11AI.7949
	City State Zip Code Anchorage AK 99511	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction weekly
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 ▼ 255.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sabrina M Jackson	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 3106 Indian Trail Ct	<b>Transaction ID:</b> SA11AI.7929
	City State Zip Code Rowlett TX 75088	Amount of Each Receipt this Period 56.65
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction monthly
Name of Employer Horizon Llnes	Occupation OTC Documenting and Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.60	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rich Kessler	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 3123 Overlook Circle	<b>Transaction ID:</b> SA11AI.7940
	City State Zip Code Hilland Village TX 75077	Amount of Each Receipt this Period 157.76
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction monthly
Name of Employer Horizon Services	Occupation Vice president	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 631.14	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>289.41</b>
<b>TOTAL</b> 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 / 15
	<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

**A.**

Full Name (Last, First, Middle Initial)  
Marv Labrador

Mailing Address P.O. Box 8897

City State Zip Code  
Tamuning GU 96931

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

Name of Employer Occupation  
Horizon Lines General Manager, Country Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** SA11AI.7939

Amount of Each Receipt this Period  
150.00

payroll deduction weekly

**B.**

Full Name (Last, First, Middle Initial)  
Huei-Ning P Pee

Mailing Address 1839 Darnell Circle

City State Zip Code  
Frisco TX 00007

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

Name of Employer Occupation  
Horizon Llnes Manager Applications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 358.08

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** SA11AI.7934

Amount of Each Receipt this Period  
89.52

payroll deduction monthly

**C.**

Full Name (Last, First, Middle Initial)  
Charles G. Raymond

Mailing Address 9015 Winged Bourne Rd

City State Zip Code  
Charlotte NC 28210

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

Name of Employer Occupation  
Horizon Lines President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2133.32

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** SA11AI.7905

Amount of Each Receipt this Period  
533.33

payroll deduction monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **772.85**

**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 / 15
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sam Raymond		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 6143 Cedar Croft Drive		<b>Transaction ID:</b> SA11AI.7912
	City Charlotte	State NC	Zip Code 28266
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.83
	Name of Employer Horizon Lines	Occupation Manager, Performance Monitoring	payroll deduction monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 343.32	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jose Rodriguez		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address Alturas de Torrimar		<b>Transaction ID:</b> SA11AI.7933
	City San Juan	State PR	Zip Code 00969
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 68.75
	Name of Employer Horizon Lines	Occupation General Manager, Sales	payroll deduction monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Claudia Stone		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 3 Atwood Avenue		<b>Transaction ID:</b> SA11AI.7915
	City Pompton Plains	State NJ	Zip Code 07444
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
	Name of Employer Horizon Lines	Occupation Assistant General Counsel	payroll deduction monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>214.58</b>
<b>TOTAL</b> 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 11 / 15	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Zuckerman		Date of Receipt		
	Mailing Address 19233 Hidden Cove Lane		M M / D D / Y Y Y Y 04 / 30 / 2009		
	City Cornelius	State NC	Zip Code 28031	<b>Transaction ID:</b> SA11AI.7908	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 167.00		
	Name of Employer Horizon Lines	Occupation VP Legal		payroll deduction monthly	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 668.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	167.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1990.04

**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 12 / 15

<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

A.	Full Name (Last, First, Middle Initial) ALASKANS FOR BEGICH	Transaction ID: SB23.7900
	Mailing Address PO BOX 240287	Date of Disbursement MM / DD / YYYY 04 / 06 / 2009
	City ANCHORAGE State AK Zip Code 99524	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IKE SKELTON FOR CONGRESS COMMITTEE	Transaction ID: SB23.7903
	Mailing Address P.O. Box A	Date of Disbursement MM / DD / YYYY 04 / 15 / 2009
	City Harrisonville State MO Zip Code 64701	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICA FOR CONGRESS	Transaction ID: SB23.7901
	Mailing Address P. O. Box 181546	Date of Disbursement MM / DD / YYYY 04 / 14 / 2009
	City Casselberry State FL Zip Code 32718	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 13 / 15

<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

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)  
SUE MYRICK FOR CONGRESS

Mailing Address P.O. Box 37091

City State Zip Code  
Charlotte NC 28237

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NC District: 09

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.7899

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

**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 14 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 101 South Tryon Street

City State Zip Code  
Charlotte NC 28255

Purpose of Disbursement  
bank fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7898

Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

203.47

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

203.47

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

203.47

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

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

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.4121</b>	
-3770.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	-3770.00	

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

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.4120</b>	
3770.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3770.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	0.00
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	0.00