

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

ADDRESS (number and street) 1050 Connecticut Ave NW  
Suite 1200 c/o T. WALLS  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20036

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mark Blankenship

Signature of Treasurer Electronically Filed by Mark Blankenship Date 12 31 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
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| D | D |
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|   |   |   |   |
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| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
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| M | M |
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| D | D |
| 3 | 1 |

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

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 6 |  | 48751.19 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 6 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 65056.07                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 3405.85                 | 47454.09                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 68461.92                | 96205.28                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 0.00                    | 27743.36                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 68461.92                | 68461.92                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |          |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
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| D | D |
| 2 | 8 |

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

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

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

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 3281.85                       | 33515.69                          |
| (i) Itemized (use Schedule A) .....  | 124.00                        | 13938.40                          |
| (ii) Unitemized .....  | 3405.85                       | 47454.09                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 3405.85                       | 47454.09                          |
| 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)) .....                          | 3405.85                       | 47454.09                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 3405.85                       | 47454.09                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:   |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                      |                               |                                   |
| (i) Federal Share.....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....   | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures.....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 0.00                          | 27000.00                          |
| 24. Independent Expenditure (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....  | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....   | 0.00                          | 0.00                              |
| 27. Loans Made.....   | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                   | 0.00                          | 708.36                            |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            | 0.00                          | 708.36                            |
| 29. Other Disbursements.....  | 0.00                          | 35.00                             |
| 30. Federal Election Activity (2 U.S.C 431(20))   |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)   |                               |                                   |
| (i) Federal Share .....   | 0.00                          | 0.00                              |
| (ii) "Levin" Share .....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                            | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....               | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..        | 0.00                          | 27743.36                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 0.00                          | 27743.36                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 3405.85                       | 47454.09                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 708.36                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 3405.85                       | 46745.73                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 27                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

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

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 ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5877

Amount of Each Receipt this Period  
 20.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Charles Battiatto

Mailing Address P.O. Box 894715

City Mililani State HI Zip Code 96789

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 ▼ 478.19

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5869

Amount of Each Receipt this Period  
 47.92

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Thomas M Bellerud

Mailing Address 3607 22nd St SE

City Puyallup State WA Zip Code 98374

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 ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5862

Amount of Each Receipt this Period  
 40.00

payroll deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 107.92 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 27                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

**A.** Full Name (Last, First, Middle Initial)  
Hernan Biaggi

Mailing Address Santa Clara-Palma Real S24

City State Zip Code  
Guaynabo PR 00969

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

Name of Employer Occupation  
Horizon Lines Manager, Finance and Accounting

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5887

Amount of Each Receipt this Period  
20.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Jane L Bowers

Mailing Address 1204 Dentonshire Drive

City State Zip Code  
Carrollton TX 75007

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

Name of Employer Occupation  
Horizon Lines Director, CUser Service

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5847

Amount of Each Receipt this Period  
50.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Patricia Bowman

Mailing Address 2509 Landing View Lane

City State Zip Code  
Charlotte NC 28277

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

Name of Employer Occupation  
Horizon Lines Director Human Resources

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5831

Amount of Each Receipt this Period  
30.00

payroll deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 27                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/>                | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

|  |  |   |
|--|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Jeff Brennan<br>Mailing Address 47-432 Waihee Rd<br>City Kaneohe State HI Zip Code 96744-4951<br>FEC ID number of contributing federal political committee. <b>C</b>                        |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5859<br>Amount of Each Receipt this Period<br>40.00<br>payroll deduction |
| Name of Employer: Horizon Lines<br>Occupation: Manager, Port Operations<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>510.00 |  |   |

|  |  |   |
|--|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Eric Britten<br>Mailing Address 17530 Steamboat Dr<br>City Anchorage State AK Zip Code 99516<br>FEC ID number of contributing federal political committee. <b>C</b>               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5860<br>Amount of Each Receipt this Period<br>60.00<br>payroll deduction |
| Name of Employer: Horizon Lines<br>Occupation: Manager, Sales<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>720.00 |  |   |

|  |  |  |
|--|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Marvin Buchanan<br>Mailing Address 6012 E Mercer Way<br>City Mercer Island State WA Zip Code 98040<br>FEC ID number of contributing federal political committee. <b>C</b>               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5838<br>Amount of Each Receipt this Period<br>124.82<br>payroll deduction |
| Name of Employer: Horizon Lines<br>Occupation: Director, Marketing<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1486.92 |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>224.82</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 27                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

**A.** Full Name (Last, First, Middle Initial)  
James V Canterbury

Mailing Address 20126 Marine View Drive

City State Zip Code  
Seattle WA 98166

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

Name of Employer Occupation  
Horizon Lines Manager, Port Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5861

Amount of Each Receipt this Period  
20.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Kenneth K Chu

Mailing Address 1604 Woodcutter Court

City State Zip Code  
Anchorage AK 99507

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

Name of Employer Occupation  
Horizon Lines SHift Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5874

Amount of Each Receipt this Period  
20.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Paul Connolly

Mailing Address 175 Avenue C

City State Zip Code  
Bayonne NJ 07002

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

Name of Employer Occupation  
Horizon Lines Inside Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5825

Amount of Each Receipt this Period  
20.00

payroll deduction

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 60.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 27                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

**A.** Full Name (Last, First, Middle Initial)  
Tricia Anne Covais

Mailing Address 901 Autumn Ridge Road

City State Zip Code  
McKinney TX 75070

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

Name of Employer Occupation  
Horizon Lines Director, Information Systems

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 585.77

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5824

Amount of Each Receipt this Period  
51.50

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Marion G. Davis

Mailing Address 11511 Brayton Drive C1

City State Zip Code  
Anchorage AK 98516

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

Name of Employer Occupation  
Horizon Lines Director, operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5889

Amount of Each Receipt this Period  
100.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Kelly Dennison

Mailing Address 4409 Mariannes Ridge Road

City State Zip Code  
Charlotte NC 28273

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

Name of Employer Occupation  
Horizon Lines Director, Corp Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5815

Amount of Each Receipt this Period  
50.00

payroll deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 201.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 27                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

**A.** Full Name (Last, First, Middle Initial)  
Dan Downes

Mailing Address 12956 Se 301st St

City Auburn State WA Zip Code 98092

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

Name of Employer Horizon Lines Occupation Director, Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 542.37

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5871

Amount of Each Receipt this Period  
45.53

payroll deduction

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

Mailing Address 3570 Sharatin Road

City Kodiak State AK Zip Code 99615

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

Name of Employer Horizon Lines Occupation Manager - Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5843

Amount of Each Receipt this Period  
100.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Ed Fitzgerald

Mailing Address 402 King William Drive

City La Porte State TX Zip Code 77571

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

Name of Employer Horizon Lines Occupation Manager - Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.98

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5846

Amount of Each Receipt this Period  
33.66

payroll deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 179.19 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 27                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/>                | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

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

Mailing Address 1818a Aupuni St

City Honolulu State HI Zip Code 96817

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

Name of Employer Horizon Lines Occupation Manager, Port Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 319.22

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5883

Amount of Each Receipt this Period  
25.20

Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
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 ▼ 765.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5872

Amount of Each Receipt this Period  
60.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
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 ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5818

Amount of Each Receipt this Period  
50.00

payroll deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 135.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 27                 |
|  | <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)<br>Kenneth Gill<br>Mailing Address 2911 Leeward Place<br>City Anchorage State AK Zip Code 99516<br>FEC ID number of contributing federal political committee. <b>C</b>                            |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5821<br>Amount of Each Receipt this Period<br>25.00<br>payroll deduction |
| Name of Employer: Horizon Lines<br>Occupation: Manager, Business Processes<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>315.00 |  |   |

|   |  |   |
|---|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Kevin Gill<br>Mailing Address 7522 Seton House Lane<br>City Charlotte State NC Zip Code 28277<br>FEC ID number of contributing federal political committee. <b>C</b>                   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5812<br>Amount of Each Receipt this Period<br>40.00<br>payroll deduction |
| Name of Employer: Horizon Lines<br>Occupation: Director Tradelanes<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>495.00 |  |   |

|   |  |   |
|---|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>David Goodwin<br>Mailing Address 2903 State St Apt 4101<br>City Dallas State TX Zip Code 75204<br>FEC ID number of contributing federal political committee. <b>C</b>                      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5849<br>Amount of Each Receipt this Period<br>40.00<br>payroll deduction |
| Name of Employer: Horizon Lines<br>Occupation: Lead Consulting Analyst<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>480.00 |  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>105.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 14 / 27 |
|  | <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)  
Mark Grooms

Mailing Address 8631 Glen Shadow Lane

City State Zip Code  
Charlotte NC 28212

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

Name of Employer Occupation  
Horizon Lines Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 292.46

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5816

Amount of Each Receipt this Period  
22.86

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Jay Hess

Mailing Address 8309 24th Ave Ct NW

City State Zip Code  
Gig Harbor WA 98332

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

Name of Employer Occupation  
Horizon Lines Senior Vessel Superintendent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 507.24

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5829

Amount of Each Receipt this Period  
42.61

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Claudette Hilbun

Mailing Address 1413 Swallow Circle

City State Zip Code  
Lewisville TX 75077

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

Name of Employer Occupation  
Horizon lines Director, Finance and Accounting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5835

Amount of Each Receipt this Period  
30.00

payroll deduction

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 95.47 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|  |  |              |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 15 / 27 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Gunther Hoock  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |  |
| Mailing Address 7804 Clark Springs Drive  |   | Transaction ID: SA11A1.5834                                   |  |
| City State Zip Code<br>Plano TX 75025   | Amount of Each Receipt this Period<br>20.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | payroll deduction   |  |
| Name of Employer<br>Horizon Lines   | Occupation                                  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00          |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Janice Hunter  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |  |
| Mailing Address 120 fm 1138n  |   | Transaction ID: SA11A1.5851                                   |  |
| City State Zip Code<br>Nevada TX 75173  | Amount of Each Receipt this Period<br>21.10 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | payroll deduction   |  |
| Name of Employer<br>Horizon Lines   | Occupation<br>Government Accounting Rep     |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>251.67          |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Paul F Hydock  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |  |
| Mailing Address 5890 Tarta Tropicana Condo  |  | Transaction ID: SA11A1.5830                                   |  |
| City State Zip Code<br>Carolina PR 00979  | Amount of Each Receipt this Period<br>32.65  |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | payroll deduction   |  |
| Name of Employer<br>Horizon Lines   | Occupation<br>Director, Agency and Logistics |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>398.49           |   |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 73.75 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 27                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/>                | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

|   |  |   |
|---|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Kristal Ilae<br>Mailing Address 98-660 Maunaloa Loop #293<br>City Aiea State HI Zip Code 00009<br>FEC ID number of contributing federal political committee. <b>C</b>              |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5878<br>Amount of Each Receipt this Period<br>15.44<br>payroll deduction |
| Name of Employer: Horizon Lines<br>Occupation: Auto Supervisor<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>204.65 |  |   |

|   |  |   |
|---|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Sabrina M Jackson<br>Mailing Address 3106 Indian Trail Ct<br>City Rowlett State TX Zip Code 75088<br>FEC ID number of contributing federal political committee. <b>C</b>                       |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5837<br>Amount of Each Receipt this Period<br>52.08<br>payroll deduction |
| Name of Employer: Horizon Llnes<br>Occupation: OTC Documenting and Finance<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>599.59 |  |   |

|  |  |  |
|--|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Rich Kessler<br>Mailing Address 3123 Overlook Circle<br>City Hilland Village State TX Zip Code 75077<br>FEC ID number of contributing federal political committee. <b>C</b>           |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5857<br>Amount of Each Receipt this Period<br>145.87<br>payroll deduction |
| Name of Employer: Horizon Services<br>Occupation: Vice president<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1746.72 |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>213.39</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 27                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 1409.19

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5856

Amount of Each Receipt this Period  
115.40

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Robert Loya

Mailing Address 6809 E. Wardlow Road

City State Zip Code  
Long Beach CA 90808

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

Name of Employer Occupation  
Horizon Lines Manager, Terminal Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5870

Amount of Each Receipt this Period  
20.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Brian Luke

Mailing Address 4301 Hickory Hollow Road

City State Zip Code  
Gastonia NC 28056

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

Name of Employer Occupation  
Horizon Lines Manager, Finance and Accounting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5852

Amount of Each Receipt this Period  
30.00

payroll deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 165.40 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 27                 |
|  | <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)<br>Mike A Lynch<br>Mailing Address P.O. Box 921127<br>City State Zip Code<br>Dutch Hart AK 99692<br>FEC ID number of contributing federal political committee. <b>C</b>                            |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5873<br>Amount of Each Receipt this Period<br>40.00<br>payroll deduction |
| Name of Employer<br>Horizon Lines<br>Occupation<br>Manager, Port Operations<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>490.00 |  |   |

|  |  |   |
|--|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Dennis McCarthy<br>Mailing Address 7002 Seton House Lane<br>City State Zip Code<br>Charlotte NC 28277<br>FEC ID number of contributing federal political committee. <b>C</b>                    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5820<br>Amount of Each Receipt this Period<br>68.30<br>payroll deduction |
| Name of Employer<br>Horizon Lines<br>Occupation<br>Staff VP Human resources<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>813.63 |  |   |

|   |  |   |
|---|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Linda L Montgomery<br>Mailing Address 157 Simmons Drive<br>City State Zip Code<br>Copell TX 75019<br>FEC ID number of contributing federal political committee. <b>C</b>                               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5858<br>Amount of Each Receipt this Period<br>35.56<br>payroll deduction |
| Name of Employer<br>Horizon Lines<br>Occupation<br>Manager, Outbound Documentation<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>426.72 |  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>143.86</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |  |              |
|--|--|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 19 / 27 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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 Government Fund/Horizon Lines Associates Good Govt Fu

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Cherly K Murphy</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |  |
| Mailing Address 1756 Pointe Woodworth Dr NE   |   | Transaction ID: SA11A1.5866                                   |  |
| City State Zip Code<br>Tacoma WA 98422  | Amount of Each Receipt this Period<br>25.91 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | payroll deduction   |  |
| Name of Employer<br>Horizon Lines   | Occupation<br>Senior Tariff Specialist      |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>308.64          |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Janet Nieves</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |  |
| Mailing Address Paseo Perla #207 Santa Barbara  |   | Transaction ID: SA11A1.5886                                   |  |
| City State Zip Code<br>Gurabo PR 00778  | Amount of Each Receipt this Period<br>20.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | payroll deduction   |  |
| Name of Employer<br>Horizon Lines   | Occupation<br>Safety and Security Manager   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00          |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Anita M. Olson</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |  |
| Mailing Address 1724 Tawakoni Lane  |   | Transaction ID: SA11A1.5850                                   |  |
| City State Zip Code<br>Plano TX 75075   | Amount of Each Receipt this Period<br>25.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | payroll deduction   |  |
| Name of Employer<br>Horizon Lines   | Occupation<br>Manager, operations           |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00          |   |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 70.91 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 27                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

**A.** Full Name (Last, First, Middle Initial)  
Ku Park

Mailing Address 965 Maunawili Cir

City State Zip Code  
Kailua HI 96734-4620

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

Name of Employer Occupation  
Horizon Lines Manager, Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 603.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5880

Amount of Each Receipt this Period  
47.60

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Way Way 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 ▼ 876.59

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5848

Amount of Each Receipt this Period  
80.45

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Steve Powers

Mailing Address 1805 Red Rock Drive

City State Zip Code  
McKinney TX 75075

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

Name of Employer Occupation  
Horizon Lines Manager, Equipment

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5833

Amount of Each Receipt this Period  
20.00

payroll deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>148.05</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |  |              |
|--|--|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 21 / 27 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)<br>Billy D Pritchett<br>Mailing Address 4121 Engleman St<br>City State Zip Code<br>Fort Worth TX 76137<br>FEC ID number of contributing federal political committee. <b>C</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5854<br>Amount of Each Receipt this Period<br>17.00<br>payroll deduction |
| Name of Employer Occupation<br>Horizon Lines Financial Analyst<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 204.00 |  |   |

|  |  |   |
|--|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>John J Quan<br>Mailing Address 703 Lindsey Avenue<br>City State Zip Code<br>Winfield IL 06019<br>FEC ID number of contributing federal political committee. <b>C</b>              |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5840<br>Amount of Each Receipt this Period<br>20.00<br>payroll deduction |
| Name of Employer Occupation<br>Horizon Lines General manager, sales<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 240.00 |  |   |

|  |  |  |
|--|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Sam Raymond<br>Mailing Address 6143 Cedar Croft Drive<br>City State Zip Code<br>Charlotte NC 28266<br>FEC ID number of contributing federal political committee. <b>C</b>                   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5822<br>Amount of Each Receipt this Period<br>230.00<br>payroll deduction |
| Name of Employer Occupation<br>Horizon Lines Manager, Performance Monitoring<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 2428.54 |  |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 267.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                                   |   |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 22 / 27  |
| <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

|  |  |   |
|--|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Dave Rodger<br>Mailing Address 149 Blauvelt Ave<br>City Ho Ho Kus State NJ Zip Code 07423<br>FEC ID number of contributing federal political committee. <b>C</b>                                |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5823<br>Amount of Each Receipt this Period<br>42.00<br>payroll deduction |
| Name of Employer: Horizon Lines<br>Occupation: Director, Technical Services<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>504.00 |  |   |

|   |  |   |
|---|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Domingo Rodriguez<br>Mailing Address PO Box 360945<br>City San Juan State PR Zip Code 00936<br>FEC ID number of contributing federal political committee. <b>C</b>                                 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5888<br>Amount of Each Receipt this Period<br>76.50<br>payroll deduction |
| Name of Employer: Horizon Lines<br>Occupation: Manager, Finance and Accounting<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>910.62 |  |   |

|  |  |   |
|--|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Jose Rodriguez<br>Mailing Address Alturas de Torrimar<br>City San Juan State PR Zip Code 00969<br>FEC ID number of contributing federal political committee. <b>C</b>                     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.5845<br>Amount of Each Receipt this Period<br>54.17<br>payroll deduction |
| Name of Employer: Horizon Lines<br>Occupation: General Manager, Sales<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>588.13 |  |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 172.67 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 / 27                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

**A.** Full Name (Last, First, Middle Initial)  
Richard Rodriguez

Mailing Address Condo Plaza Suchville

City Bayamon State PR Zip Code 00929

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 ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5896

Amount of Each Receipt this Period  
25.00

payroll deduction

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

Mailing Address 95-40 Haalohi St

City Mililani 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 ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5882

Amount of Each Receipt this Period  
20.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
John Hiroki Shintaku

Mailing Address 940 10th Avenue

City Honolulu State HI Zip Code 96816

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

Name of Employer Horizon Lines Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5881

Amount of Each Receipt this Period  
20.00

payroll deduction

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 65.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 27                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

**A.** Full Name (Last, First, Middle Initial)  
Beverley Smith

Mailing Address 3502 Brooktree Lane

City State Zip Code  
Indian Trail NC 28079

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

Name of Employer Occupation  
Horizon Lines Manager, Finance and Accounting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5828

Amount of Each Receipt this Period  
20.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Claudia Stone

Mailing Address 3 Atwood Avenue

City State Zip Code  
Pompton Plains NJ 07444

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

Name of Employer Occupation  
Horizon Lines Assistant General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 631.95

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5827

Amount of Each Receipt this Period  
53.05

payroll deduction

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

Mailing Address 150 Kaapuni Drive

City State Zip Code  
Kallua HI 96734

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

Name of Employer Occupation  
Horizon Lines VP Country Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2283.79

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

**Transaction ID:** SA11A1.5890

Amount of Each Receipt this Period  
211.67

payroll deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>284.72</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 / 27                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

**A.** Full Name (Last, First, Middle Initial)  
Francisco Tollinche

Mailing Address Aa-6 Azalea St, Alt Borinquen Gard

City Rio Piedras State PR Zip Code 00926

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 ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5885

Amount of Each Receipt this Period  
30.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Matthew Urbania

Mailing Address 3034 Shillington Pl

City Charlotte State NC Zip Code 28210

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

Name of Employer Horizon Lines Occupation Vice President & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1992.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5839

Amount of Each Receipt this Period  
166.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Cherly Uyehara

Mailing Address 94-647 Heainoa Pl

City Waipahu State HI Zip Code 96797

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

Name of Employer Horizon Lines Occupation Supervisor, Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5884

Amount of Each Receipt this Period  
20.00

payroll deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 216.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 26 / 27                 |
|  | (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"/> 17  |

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NAME OF COMMITTEE (In Full)  
Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Duncan Wright</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |
| Mailing Address 5411 Vanderbilt Avenue  |   | <b>Transaction ID: SA11A1.5832</b>                            |
| City State Zip Code<br>Dallas TX 75206  | Amount of Each Receipt this Period<br>85.00 |   |
| FEC ID number of contributing federal political committee.<br>C   | payroll deduction                           |   |
| Name of Employer<br>Horizon Lines   | Occupation<br>Manager, Marketing            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>595.00          |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Robert Zuckerman</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 2 / 2 2 / 2 0 0 6 |
| Mailing Address 19233 Hidden Cove Lane  |  | <b>Transaction ID: SA11A1.5817</b>                            |
| City State Zip Code<br>Cornelius NC 28031   | Amount of Each Receipt this Period<br>167.00 |   |
| FEC ID number of contributing federal political committee.<br>C   | payroll deduction                            |   |
| Name of Employer<br>Horizon Lines   | Occupation<br>VP Legal                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2004.00          |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 252.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 3281.85 |

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |                                      |  |
|---|--------------------------------------|--|
| (Use separate schedule(s) for each numbered line) | PAGE 27 / 27                         |  |
|   | FOR LINE NUMBER:<br>(check only one) | <input type="checkbox"/> 9<br><input checked="" type="checkbox"/> 10 |

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

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

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

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

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