

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

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

ADDRESS (number and street)   
Attn: W. Farah  
 Check if different than previously reported. (ACC)

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

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer Mark Blankenship

Signature of Treasurer Mark Blankenship [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		63275.67
(b) Cash on Hand at Beginning of Reporting Period.....	49408.11	
(c) Total Receipts (from Line 19) .....	1360.47	17068.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	50768.58	80344.46
7. Total Disbursements (from Line 31).....	3500.00	33075.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	47268.58	47268.58
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 Gov't Fund (Horizon Lines Associates Good Gov't Fund)

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1290.97	12478.26
(ii) Unitemized .....	69.50	6160.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1360.47	18638.93
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1360.47	18638.93
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	37.94
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	-1608.08
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1360.47	17068.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1360.47	17068.79

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	75.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	75.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	33000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3500.00	33075.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	33075.88

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1360.47	18638.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1360.47	18638.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	75.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	37.94
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	37.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

**A. Charles Battiato**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 894715  
 City Mililani State HI Zip Code 96789  
 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 **564.63**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : SA11AI.10034**  
 Amount of Each Receipt this Period **51.33**  
 Contribution

**B. Henry Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4701 Preston Park Blvd  
 City Plano State TX Zip Code 75093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Financial Analyst Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : SA11AI.10035**  
 Amount of Each Receipt this Period **50.00**  
 Contribution

**C. Thomas M Bellerud**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3607 22nd St SE  
 City Puyallup State WA Zip Code 98374  
 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 **440.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : SA11AI.10036**  
 Amount of Each Receipt this Period **40.00**  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **141.33**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Full Name (Last, First, Middle Initial) <b>A. Alfred Bozzuffi</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11AI.10038</b>
Mailing Address 159 Bergen Street			Amount of Each Receipt this Period 45.83
City Brooklyn	State NY	Zip Code 11217	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Horizon Lines	Occupation Naval Architect		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.13	

Full Name (Last, First, Middle Initial) <b>B. Marvin Buchanan</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11AI.10039</b>
Mailing Address 6012 E Mercer Way			Amount of Each Receipt this Period 147.08
City Mercer Island	State WA	Zip Code 98040	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Horizon Lines	Occupation Director, Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1617.88	

Full Name (Last, First, Middle Initial) <b>C. Marion G. Davis</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2011 <b>Transaction ID : SA11AI.9998</b>
Mailing Address 11511 Brayton Drive C1			Amount of Each Receipt this Period 25.00
City Anchorage	State AK	Zip Code 98516	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Horizon Lines	Occupation Director, operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	217.91
<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 8 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Full Name (Last, First, Middle Initial) <b>A. Marion G. Davis</b>		Date of Receipt
Mailing Address 11511 Brayton Drive C1		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City Anchorage State AK Zip Code 98516		<b>Transaction ID : SA11AI.9993</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer Occupation Horizon Lines Director, operations		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		
<input type="text" value="1125.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Marion G. Davis</b>		Date of Receipt
Mailing Address 11511 Brayton Drive C1		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Anchorage State AK Zip Code 98516		<b>Transaction ID : SA11AI.9994</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer Occupation Horizon Lines Director, operations		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		
<input type="text" value="1150.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Marion G. Davis</b>		Date of Receipt
Mailing Address 11511 Brayton Drive C1		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City Anchorage State AK Zip Code 98516		<b>Transaction ID : SA11AI.9995</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer Occupation Horizon Lines Director, operations		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		
<input type="text" value="1175.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<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 10 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Full Name (Last, First, Middle Initial) <b>A. Dwayne Fujitani</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : SA11AI.10005</b>
Mailing Address 1818a Aupuni St			Amount of Each Receipt this Period 7.21
City Honolulu	State HI	Zip Code 96817	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Horizon Lines	Occupation Manager, Port Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 331.66	

Full Name (Last, First, Middle Initial) <b>B. Dwayne Fujitani</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11AI.10006</b>
Mailing Address 1818a Aupuni St			Amount of Each Receipt this Period 7.21
City Honolulu	State HI	Zip Code 96817	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Horizon Lines	Occupation Manager, Port Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 338.87	

Full Name (Last, First, Middle Initial) <b>C. Dwayne Fujitani</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11AI.10007</b>
Mailing Address 1818a Aupuni St			Amount of Each Receipt this Period 7.21
City Honolulu	State HI	Zip Code 96817	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Horizon Lines	Occupation Manager, Port Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 346.08	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	21.63
<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 11 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Full Name (Last, First, Middle Initial) <b>A. Lori A Galloway</b>			Date of Receipt MM / DD / YYYY 11 / 02 / 2011 <b>Transaction ID : SA11AI.10008</b>
Mailing Address P.O. Box 111393			Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Horizon Lines	Occupation Manager, Port Operations	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	Contribution	

Full Name (Last, First, Middle Initial) <b>B. Lori A Galloway</b>			Date of Receipt MM / DD / YYYY 11 / 09 / 2011 <b>Transaction ID : SA11AI.10009</b>
Mailing Address P.O. Box 111393			Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Horizon Lines	Occupation Manager, Port Operations	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	Contribution	

Full Name (Last, First, Middle Initial) <b>C. Lori A Galloway</b>			Date of Receipt MM / DD / YYYY 11 / 16 / 2011 <b>Transaction ID : SA11AI.10010</b>
Mailing Address P.O. Box 111393			Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Horizon Lines	Occupation Manager, Port Operations	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	Contribution	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 12 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Full Name (Last, First, Middle Initial) <b>A. Lori A Galloway</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2011
Mailing Address P.O. Box 111393		<b>Transaction ID : SA11Al.10011</b>
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Horizon Lines	Occupation Manager, Port Operations	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 705.00	

Full Name (Last, First, Middle Initial) <b>B. Lori A Galloway</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address P.O. Box 111393		<b>Transaction ID : SA11Al.10012</b>
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Horizon Lines	Occupation Manager, Port Operations	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) <b>C. James Garrahan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 73 Paseo De Orguideas		<b>Transaction ID : SA11Al.10040</b>
City Trujillo Alto	State PR	Zip Code 00976
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Horizon Lines	Occupation Manager, Sales	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<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 13 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

**A. Kenneth Gill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2911 Leeward Place  
 City Anchorage State AK Zip Code 99516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Manager, Business Processes  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 11 / 02 / 2011  
**Transaction ID : SA11Al.10013**  
 Amount of Each Receipt this Period 10.00  
 Contribution

**B. Kenneth Gill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2911 Leeward Place  
 City Anchorage State AK Zip Code 99516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Manager, Business Processes  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 11 / 09 / 2011  
**Transaction ID : SA11Al.10014**  
 Amount of Each Receipt this Period 10.00  
 Contribution

**C. Kenneth Gill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2911 Leeward Place  
 City Anchorage State AK Zip Code 99516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Manager, Business Processes  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 11 / 16 / 2011  
**Transaction ID : SA11Al.10015**  
 Amount of Each Receipt this Period 10.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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 14 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Full Name (Last, First, Middle Initial) <b>A. Kenneth Gill</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11Al.10016</b>
Mailing Address 2911 Leeward Place		Amount of Each Receipt this Period 400.00
City Anchorage	State AK	Zip Code 99516
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Manager, Business Processes	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Gill</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11Al.10017</b>
Mailing Address 2911 Leeward Place		Amount of Each Receipt this Period 400.00
City Anchorage	State AK	Zip Code 99516
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Manager, Business Processes	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Gunther Hoock</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11Al.10041</b>
Mailing Address 7804 Clark Springs Drive		Amount of Each Receipt this Period 20.00
City Plano	State TX	Zip Code 75025
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Director Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<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 15 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

**A. Sabrina M Jackson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3106 Indian Trail Ct  
 City Rowlett State TX Zip Code 75088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation OTC Documenting and Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 623.15

Date of Receipt 11 / 30 / 2011  
**Transaction ID : SA11AI.10042**  
 Amount of Each Receipt this Period 56.65  
 Contribution

**B. Lana I Kanaha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 837 Kealahou St  
 City Honolulu State HI Zip Code 96825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Supervisor, Port operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 02 / 2011  
**Transaction ID : SA11AI.10018**  
 Amount of Each Receipt this Period 5.00  
 Contribution

**C. Lana I Kanaha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 837 Kealahou St  
 City Honolulu State HI Zip Code 96825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Supervisor, Port operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 09 / 2011  
**Transaction ID : SA11AI.10019**  
 Amount of Each Receipt this Period 5.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	66.65
<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 16 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Full Name (Last, First, Middle Initial) <b>A. Lana I Kanaha</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : SA11AI.10020</b>
Mailing Address 837 Kealahou St			Amount of Each Receipt this Period 5.00
City Honolulu	State HI	Zip Code 96825	Contribution
FEC ID number of contributing federal political committee. C		Occupation Supervisor, Port operations	
Name of Employer Horizon Lines	Aggregate Year-to-Date ▼ 230.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Lana I Kanaha</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11AI.10021</b>
Mailing Address 837 Kealahou St			Amount of Each Receipt this Period 5.00
City Honolulu	State HI	Zip Code 96825	Contribution
FEC ID number of contributing federal political committee. C		Occupation Supervisor, Port operations	
Name of Employer Horizon Lines	Aggregate Year-to-Date ▼ 235.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Lana I Kanaha</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11AI.10022</b>
Mailing Address 837 Kealahou St			Amount of Each Receipt this Period 5.00
City Honolulu	State HI	Zip Code 96825	Contribution
FEC ID number of contributing federal political committee. C		Occupation Supervisor, Port operations	
Name of Employer Horizon Lines	Aggregate Year-to-Date ▼ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15.00
<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 17 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Full Name (Last, First, Middle Initial) <b>A. Robert Loya</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11Al.10044</b>
Mailing Address 6809 E. Wardlow Road			Amount of Each Receipt this Period 20.00
City Long Beach	State CA	Zip Code 90808	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 220.00	
Name of Employer Horizon Lines	Occupation Manager, Terminal Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Linda L Montgomery</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11Al.10045</b>
Mailing Address 157 Simmons Drive			Amount of Each Receipt this Period 36.45
City Copell	State TX	Zip Code 75019	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.95	
Name of Employer Horizon Lines	Occupation Manager, Outbound Documentation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Anita M. Olson</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11Al.10046</b>
Mailing Address 1724 Tawakoni Lane			Amount of Each Receipt this Period 25.00
City Plano	State TX	Zip Code 75075	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 275.00	
Name of Employer Horizon Lines	Occupation Manager, operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.45
<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 18 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

**A. Leslie Peters**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21 Shippen Court  
City Flemington State NJ Zip Code 08822  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Horizon Lines Occupation Regional Sales, International  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 383.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : SA11Al.10048**  
Amount of Each Receipt this Period 1.00  
Contribution

**B. Steve Powers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1805 Red Rock Drive  
City McKinney State TX Zip Code 75075  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Horizon Lines Occupation Manager, Equipment  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : SA11Al.10049**  
Amount of Each Receipt this Period 20.00  
Contribution

**C. Frank Roznerski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 95-40 Haalohi St  
City Millilani 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 ▼ 220.00

Date of Receipt 11 / 02 / 2011  
**Transaction ID : SA11Al.10028**  
Amount of Each Receipt this Period 5.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 26.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Full Name (Last, First, Middle Initial) <b>A. Frank Roznerski</b>		Date of Receipt MM / DD / YYYY 11 / 09 / 2011 <b>Transaction ID : SA11AI.10029</b>
Mailing Address 95-40 Haalohi St		Amount of Each Receipt this Period 5.00
City Mililani	State HI	Zip Code 06789
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Safety Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Frank Roznerski</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2011 <b>Transaction ID : SA11AI.10030</b>
Mailing Address 95-40 Haalohi St		Amount of Each Receipt this Period 5.00
City Mililani	State HI	Zip Code 06789
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Safety Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Frank Roznerski</b>		Date of Receipt MM / DD / YYYY 11 / 23 / 2011 <b>Transaction ID : SA11AI.10031</b>
Mailing Address 95-40 Haalohi St		Amount of Each Receipt this Period 5.00
City Mililani	State HI	Zip Code 06789
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation Safety Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15.00
<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 20 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

Full Name (Last, First, Middle Initial) <b>A. Frank Roznerski</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11AI.10032</b>
Mailing Address 95-40 HaaloHi St		Amount of Each Receipt this Period Contribution 5.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Claudia Stone</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11AI.10052</b>
Mailing Address 3 Atwood Avenue		Amount of Each Receipt this Period Contribution 60.00
City Pompton Plains	State NJ	Zip Code 07444
FEC ID number of contributing federal political committee. C		
Name of Employer Horizon Lines	Occupation Representative/ Temp/Misc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C. Brian Taylor</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11AI.10053</b>
Mailing Address 150 Kaapuni Drive		Amount of Each Receipt this Period Contribution 50.00
City Kallua	State HI	Zip Code 96734
FEC ID number of contributing federal political committee. C		
Name of Employer Horizon Lines	Occupation VP Country Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<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 21 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

**A. Michael, Zendan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 943 Longfield Circle  
 City Charlotte State NC Zip Code 28270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation VP, Deputy General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1260.38

Date of Receipt 11 / 30 / 2011  
**Transaction ID : SA11AI.10054**  
 Amount of Each Receipt this Period 114.58  
 Contribution

**B. Robert Zuckerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19233 Hidden Cove Lane  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation VP Legal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1837.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : SA11AI.10055**  
 Amount of Each Receipt this Period 167.00  
 Contribution

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	281.58
<b>TOTAL</b> This Period (last page this line number only).....▶	1290.97

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CORRINE BROWN**

Mailing Address 3563 CARRIAGE WALK LANE

City State Zip Code  
Laurel MD 20724

Purpose of Disbursement  
contribution

Candidate Name

**Corrine Brown**

Office Sought:  House  
 Senate  
 President  
State: FL District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2011			

**Transaction ID : SB23.10070**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City State Zip Code  
HONOLULU HI 96809

Purpose of Disbursement  
Contribution

Candidate Name

**MAZIE K HIRONO**

Office Sought:  House  
 Senate  
 President  
State: HI District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2011			

**Transaction ID : SB23.10073**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. HEATH SHULER FOR CONGRESS**

Mailing Address PO BOX 8446

City State Zip Code  
Asheville NC 28814

Purpose of Disbursement  
Contribution

Candidate Name

**JOSEPH HEATH SHULER**

Office Sought:  House  
 Senate  
 President  
State: NC District: 11

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2011			

**Transaction ID : SB23.10066**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00
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**TOTAL** This Period (last page this line number only)..... ▶

3500.00
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