

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. 12FE4M5 Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)

ADDRESS (number and street) 2001 K Street, NW, Suite 400 Attn: W. Farah WASHINGTON DC 20006 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 10 / 18 / 2012 through 11 / 26 / 2012

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 12 / 03 / 2012

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="2012"/>	<input type="text" value="46075.67"/>	<input type="text" value="46075.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28086.80"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1326.46"/>	<input type="text" value="12837.59"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="29413.26"/>	<input type="text" value="58913.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1500.00"/>	<input type="text" value="31000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27913.26"/>	<input type="text" value="27913.26"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1215.04	8212.38
(ii) Unitemized	111.42	4625.21
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1326.46	12837.59
(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)	1326.46	12837.59
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1326.46	12837.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1326.46	12837.59

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	31000.00
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)) ..	1500.00	31000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	31000.00

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)	1326.46	12837.59
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1326.46	12837.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. Henry Bell

Mailing Address 4701 Preston Park Blvd

City Plano	State TX	Zip Code 75093
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FEC ID number of contributing federal political committee. **C**

Name of Employer Horizon Lines	Occupation Financial Analyst Manager
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

Transaction ID : SA11Al.10794

Amount of Each Receipt this Period

500.00

contribution

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

Mailing Address 3607 22nd St SE

City Puyallup	State WA	Zip Code 98374
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

Transaction ID : SA11Al.10799

Amount of Each Receipt this Period

40.00

contribution

Full Name (Last, First, Middle Initial)
C. Alfred Bozuffi

Mailing Address 159 Bergen Street

City Brooklyn	State NY	Zip Code 11217
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FEC ID number of contributing federal political committee. **C**

Name of Employer Horizon Lines	Occupation Naval Architect
-----------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
466.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

Transaction ID : SA11Al.10804

Amount of Each Receipt this Period

47.81

contribution

SUBTOTAL of Receipts This Page (optional).....▶	137.81
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Marvin Buchanan			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11Al.10789
Mailing Address 6012 E Mercer Way			Amount of Each Receipt this Period 153.42 contribution
City Mercer Island	State WA	Zip Code 98040	
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 ▼ 1496.16		

Full Name (Last, First, Middle Initial) B. Marion G. Davis			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012 Transaction ID : SA11Al.10745
Mailing Address 11511 Brayton Drive C1			Amount of Each Receipt this Period 25.00 Individual Contribution
City Anchorage	State AK	Zip Code 98516	
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 ▼ 1075.00		

Full Name (Last, First, Middle Initial) C. Marion G. Davis			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012 Transaction ID : SA11Al.10746
Mailing Address 11511 Brayton Drive C1			Amount of Each Receipt this Period 25.00 Individual Contribution
City Anchorage	State AK	Zip Code 98516	
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		

SUBTOTAL of Receipts This Page (optional).....▶	203.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Marion G. Davis		Date of Receipt MM / DD / YYYY 11 / 08 / 2012 Transaction ID : SA11Al.10747
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 25.00 Individual Contribution
City Anchorage	State AK	Zip Code 98516
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 ▼ 1125.00	

Full Name (Last, First, Middle Initial) B. Marion G. Davis		Date of Receipt MM / DD / YYYY 11 / 15 / 2012 Transaction ID : SA11Al.10748
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 25.00 Individual Contribution
City Anchorage	State AK	Zip Code 98516
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 ▼ 1150.00	

Full Name (Last, First, Middle Initial) C. Marion G. Davis		Date of Receipt MM / DD / YYYY 11 / 21 / 2012 Transaction ID : SA11Al.10749
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 25.00 Individual Contribution
City Anchorage	State AK	Zip Code 98516
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 ▼ 1175.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dwayne Fujitani		Date of Receipt MM / DD / YYYY 10 / 25 / 2012 Transaction ID : SA11Al.10751
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.93 Individual Contribution
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		
Name of Employer Horizon Lines	Occupation Manager, Port Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.83	

Full Name (Last, First, Middle Initial) B. Dwayne Fujitani		Date of Receipt MM / DD / YYYY 11 / 01 / 2012 Transaction ID : SA11Al.10757
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.93 Individual Contribution
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		
Name of Employer Horizon Lines	Occupation Manager, Port Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.76	

Full Name (Last, First, Middle Initial) C. Dwayne Fujitani		Date of Receipt MM / DD / YYYY 11 / 08 / 2012 Transaction ID : SA11Al.10758
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.93 Individual Contribution
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		
Name of Employer Horizon Lines	Occupation Manager, Port Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.69	

SUBTOTAL of Receipts This Page (optional).....▶	23.79
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Dwayne Fujitani
Full Name (Last, First, Middle Initial)
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 ▼ 362.62

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11Al.10759
Amount of Each Receipt this Period 7.93
Individual Contribution

B. Dwayne Fujitani
Full Name (Last, First, Middle Initial)
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 ▼ 370.55

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11Al.10760
Amount of Each Receipt this Period 7.93
Individual Contribution

C. Lori A Galloway
Full Name (Last, First, Middle Initial)
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 ▼ 645.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11Al.10752
Amount of Each Receipt this Period 15.00
Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.86
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lori A Galloway			Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2012 Transaction ID : SA11Al.10773
Mailing Address P.O. Box 111393			Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511	Individual Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 660.00	
Name of Employer Horizon Lines	Occupation Manager, Port Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lori A Galloway			Date of Receipt M M / D D / Y Y Y Y Y 11 / 08 / 2012 Transaction ID : SA11Al.10774
Mailing Address P.O. Box 111393			Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511	Individual Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 675.00	
Name of Employer Horizon Lines	Occupation Manager, Port Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lori A Galloway			Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11Al.10775
Mailing Address P.O. Box 111393			Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511	Individual Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 690.00	
Name of Employer Horizon Lines	Occupation Manager, Port Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lori A Galloway		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2012 Transaction ID : SA11Al.10776
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 75.00
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	Individual 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. James Garrahan		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11Al.10790
Mailing Address 73 Paseo De Orguideas		Amount of Each Receipt this Period 50.00
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	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Kenneth Gill		Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2012 Transaction ID : SA11Al.10753
Mailing Address 2911 Leeward Place		Amount of Each Receipt this Period 10.00
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	Individual Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kenneth Gill
Full Name (Last, First, Middle Initial)
Mailing Address 2911 Leeward Place

City Anchorage	State AK	Zip Code 99516
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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

M M	/	D D	/	Y Y Y Y
11	/	01	/	2012

Transaction ID : SA11Al.10777

Amount of Each Receipt this Period
10.00

Individual 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

M M	/	D D	/	Y Y Y Y
11	/	08	/	2012

Transaction ID : SA11Al.10778

Amount of Each Receipt this Period
10.00

Individual 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

M M	/	D D	/	Y Y Y Y
11	/	15	/	2012

Transaction ID : SA11Al.10779

Amount of Each Receipt this Period
10.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. 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 ▼ **470.00**

Date of Receipt **11 / 21 / 2012**
Transaction ID : **SA11AI.10780**

Amount of Each Receipt this Period **10.00**

Individual Contribution

B. 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 ▼ **574.42**

Date of Receipt **10 / 31 / 2012**
Transaction ID : **SA11AI.10792**

Amount of Each Receipt this Period **58.63**

contribution

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

Mailing Address 837 Kealahou St

City Honolulu State HI Zip Code 96825

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

Name of Employer Horizon Lines Occupation Supervisor, Port operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt **10 / 25 / 2012**
Transaction ID : **SA11AI.10754**

Amount of Each Receipt this Period **5.00**

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... **73.63**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lana I Kanaha			Date of Receipt MM / DD / YYYY 11 / 01 / 2012 Transaction ID : SA11AI.10765
Mailing Address 837 Kealahou St			Amount of Each Receipt this Period 5.00 Individual Contribution
City Honolulu	State HI	Zip Code 96825	
FEC ID number of contributing federal political committee. C			
Name of Employer Horizon Lines	Occupation Supervisor, Port operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Lana I Kanaha			Date of Receipt MM / DD / YYYY 11 / 08 / 2012 Transaction ID : SA11AI.10766
Mailing Address 837 Kealahou St			Amount of Each Receipt this Period 5.00 Individual Contribution
City Honolulu	State HI	Zip Code 96825	
FEC ID number of contributing federal political committee. C			
Name of Employer Horizon Lines	Occupation Supervisor, Port operations		
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) C. Lana I Kanaha			Date of Receipt MM / DD / YYYY 11 / 15 / 2012 Transaction ID : SA11AI.10767
Mailing Address 837 Kealahou St			Amount of Each Receipt this Period 5.00 Individual Contribution
City Honolulu	State HI	Zip Code 96825	
FEC ID number of contributing federal political committee. C			
Name of Employer Horizon Lines	Occupation Supervisor, Port operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lana I Kanaha		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2012 Transaction ID : SA11AI.10768
Mailing Address 837 Kealahou St		Amount of Each Receipt this Period 5.00
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	Individual Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) B. Linda L Montgomery		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11AI.10803
Mailing Address 157 Simmons Drive		Amount of Each Receipt this Period 36.45
City Copell	State TX	Zip Code 75019
FEC ID number of contributing federal political committee.	C	
Name of Employer Horizon Lines	Occupation Manager, Outbound Documentation	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.50	

Full Name (Last, First, Middle Initial) C. Janet Nieves		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11AI.10800
Mailing Address Paseo Perla #207 Santa Barbara		Amount of Each Receipt this Period 20.00
City Gurabo	State PR	Zip Code 00778
FEC ID number of contributing federal political committee.	C	
Name of Employer Horizon Lines	Occupation Safety and Security Manager	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -60.00	

SUBTOTAL of Receipts This Page (optional).....▶	61.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Anita M. Olson
Full Name (Last, First, Middle Initial)
Mailing Address 1724 Tawakoni Lane
City Plano State TX Zip Code 75075
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 250.00

Date of Receipt 10 / 31 / 2012
Transaction ID : SA11Al.10798
Amount of Each Receipt this Period 250.00
contribution

B. Frank Roznerski
Full Name (Last, First, Middle Initial)
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 215.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11Al.10756
Amount of Each Receipt this Period 5.00
Individual Contribution

C. Frank Roznerski
Full Name (Last, First, Middle Initial)
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 220.00

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11Al.10761
Amount of Each Receipt this Period 5.00
Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... **35.00**
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 18 OF 21
(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 Gov't Fund (Horizon Lines Associates Good Gov't Fund)

Full Name (Last, First, Middle Initial) A. Frank Roznerski		Date of Receipt MM / DD / YYYY 11 / 08 / 2012 Transaction ID : SA11AI.10762
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		Individual 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. Frank Roznerski		Date of Receipt MM / DD / YYYY 11 / 15 / 2012 Transaction ID : SA11AI.10763
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		Individual 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) C. Frank Roznerski		Date of Receipt MM / DD / YYYY 11 / 21 / 2012 Transaction ID : SA11AI.10764
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		Individual 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	

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3 Atwood Avenue

City Pompton Plains State NJ Zip Code 07444

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

Name of Employer Horizon Lines Occupation Representative/ Temp/Misc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt **10 / 31 / 2012**

Transaction ID : SA11Al.10791

Amount of Each Receipt this Period **62.50**

contribution

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

Mailing Address 150 Kaapuni Drive

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 31 / 2012**

Transaction ID : SA11Al.10796

Amount of Each Receipt this Period **50.00**

contribution

Full Name (Last, First, Middle Initial)
C. Michael Zendan

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 ▼ **1145.80**

Date of Receipt **10 / 31 / 2012**

Transaction ID : SA11Al.10785

Amount of Each Receipt this Period **114.58**

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **227.08**

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 20 OF 21
(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 Gov't Fund (Horizon Lines Associates Good Gov't Fund)

A. 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 ▼
1670.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.10786

Amount of Each Receipt this Period
 167.00
 contribution

B.
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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	167.00
TOTAL This Period (last page this line number only).....▶	1215.04

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. TULSI FOR HAWAII

Mailing Address PO BOX 75561

City KAPOLEI State HI Zip Code 96707

Purpose of Disbursement
Contribution - Primary Debt Retirement

Candidate Name
TULSI GABBARD

Office Sought: House
 Senate
 President
State: HI District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2012

Transaction ID : SB23.10743

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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

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

1500.00

1500.00
