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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Exempt (if typing, type over the lines) 12/24/05

Horizon Lines Associates Good Government Fund

Attn: Thomas Walls

ADDRESS (number and street) 1050 Connecticut Avenue NW Suite 1200

(Check if address is changed)

Washington DC 20036-5317

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

twalls@wallc.com

blankenship@horizon-lines.com

munero@horizon-lines.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-828-2986

2. DATE 04 04 2003

3. FEC IDENTIFICATION NUMBER C 0 0 3 2 5 1 7 9

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Thomas F. Walls, Asst. Treasurer

Signature of Treasurer [Handwritten Signature] Date 04 04 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought _____ House _____ Senate _____ President _____ State _____ Director _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capable Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

Horizon Lines Associates Good Government Fund

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name | Treasurer

Mailing Address

Title or Position | CITY | STATE | ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer | Mark R. Blankenship

Mailing Address | Horizon Lines, LLC

2101 Rexford Road Suite 350 West

Charlotte | NC | 28211 | 3487

Title or Position | CITY | STATE | ZIP CODE

Comptroller | Telephone number | 704 | 978 | 7041

Full Name of Designated Agent | Peter Bunero, (Asst. Treasurer)

Mailing Address | Horizon Lines, LLC

2101 Rexford Road Suite 350 West

Charlotte | NC | 28211 | 3487

Title or Position | CITY | STATE | ZIP CODE


Manager, Financial Systems | Telephone number | 704 | 1973 | 17932

NOTE: Thomas Walls will remain an Asst. Treasurer, in addition to Mr. Bunero.

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 4-4-03
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