

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) [X]

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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 12 / 01 / 2011 through 12 / 31 / 2011

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 01 / 13 / 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.

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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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.....	47268.58	
(c) Total Receipts (from Line 19)	346.50	17415.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	47615.08	80690.96
7. Total Disbursements (from Line 31).....	2500.00	35575.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	45115.08	45115.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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).....	336.50	12814.76
(ii) Unitemized	10.00	6170.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	346.50	18985.43
(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)	346.50	18985.43
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))..... ▶	346.50	17415.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	346.50	17415.29

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	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.....	2500.00	35500.00
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)) ..	2500.00	35575.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	35575.88

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)	346.50	18985.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	346.50	18985.43
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 15
	<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 **632.29**

Date of Receipt **12 / 15 / 2011**
Transaction ID : SA11AI.10115
 Amount of Each Receipt this Period **67.66**
 Contributor

B. Marion G. Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 11511 Brayton Drive C1
 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: Primary General Other (specify)
 Aggregate Year-to-Date **1225.00**

Date of Receipt **12 / 08 / 2011**
Transaction ID : SA11AI.10083
 Amount of Each Receipt this Period **25.00**
 Contributor

C. Marion G. Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 11511 Brayton Drive C1
 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: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **12 / 15 / 2011**
Transaction ID : SA11AI.10084
 Amount of Each Receipt this Period **25.00**
 Contributor

SUBTOTAL of Receipts This Page (optional).....▶	117.66
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 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Marion G. Davis		Date of Receipt 12 / 22 / 2011 Transaction ID : SA11AI.10085
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 25.00
City Anchorage	State AK	Zip Code 98516
FEC ID number of contributing federal political committee. C		Contributor
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 ▼ 1275.00	

Full Name (Last, First, Middle Initial) B. Marion G. Davis		Date of Receipt 12 / 29 / 2011 Transaction ID : SA11AI.10086
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 25.00
City Anchorage	State AK	Zip Code 98516
FEC ID number of contributing federal political committee. C		Contributor
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 ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. Dwayne Fujitani		Date of Receipt 12 / 08 / 2011 Transaction ID : SA11AI.10091
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.21
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		Contributor
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 ▼ 353.29	

SUBTOTAL of Receipts This Page (optional).....▶	57.21
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 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dwayne Fujitani		Date of Receipt 12 / 15 / 2011 Transaction ID : SA11AI.10092
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.21
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		Contributor
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 ▼ 360.50	

Full Name (Last, First, Middle Initial) B. Dwayne Fujitani		Date of Receipt 12 / 22 / 2011 Transaction ID : SA11AI.10093
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.21
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		Contributor
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 ▼ 367.71	

Full Name (Last, First, Middle Initial) C. Dwayne Fujitani		Date of Receipt 12 / 29 / 2011 Transaction ID : SA11AI.10094
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.21
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		Contributor
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 ▼ 374.92	

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

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

Full Name (Last, First, Middle Initial) A. Lori A Galloway		Date of Receipt 12 / 08 / 2011 Transaction ID : SA11Al.10095
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. C	Contributor	
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 ▼ 735.00	

Full Name (Last, First, Middle Initial) B. Lori A Galloway		Date of Receipt 12 / 15 / 2011 Transaction ID : SA11Al.10096
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. C	Contributor	
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Lori A Galloway		Date of Receipt 12 / 22 / 2011 Transaction ID : SA11Al.10097
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. C	Contributor	
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 ▼ 765.00	

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 10 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lori A Galloway			Date of Receipt 12 / 29 / 2011 Transaction ID : SA11Al.10098
Mailing Address P.O. Box 111393			Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511	Contributor
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 ▼ 780.00	

Full Name (Last, First, Middle Initial) B. Kenneth Gill			Date of Receipt 12 / 08 / 2011 Transaction ID : SA11Al.10099
Mailing Address 2911 Leeward Place			Amount of Each Receipt this Period 10.00
City Anchorage	State AK	Zip Code 99516	Contributor
FEC ID number of contributing federal political committee. C			
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 ▼ 490.00	

Full Name (Last, First, Middle Initial) C. Kenneth Gill			Date of Receipt 12 / 15 / 2011 Transaction ID : SA11Al.10100
Mailing Address 2911 Leeward Place			Amount of Each Receipt this Period 10.00
City Anchorage	State AK	Zip Code 99516	Contributor
FEC ID number of contributing federal political committee. C			
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 ▼ 500.00	

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 11 OF 15
	(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"/> 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. Kenneth Gill			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2011
Mailing Address 2911 Leeward Place			Transaction ID : SA11Al.10101
City Anchorage	State AK	Zip Code 99516	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C	Name of Employer Horizon Lines		Contribution
	Occupation Manager, Business Processes		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) B. Kenneth Gill			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011
Mailing Address 2911 Leeward Place			Transaction ID : SA11Al.10102
City Anchorage	State AK	Zip Code 99516	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C	Name of Employer Horizon Lines		Contribution
	Occupation Manager, Business Processes		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) C. Lana I Kanaha			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2011
Mailing Address 837 Kealahou St			Transaction ID : SA11Al.10103
City Honolulu	State HI	Zip Code 96825	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C	Name of Employer Horizon Lines		Contribution
	Occupation Supervisor, Port operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

SUBTOTAL of Receipts This Page (optional).....▶	25.00
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 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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 12 / 15 / 2011 Transaction ID : SA11Al.10104
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	Contributor	
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Lana I Kanaha		Date of Receipt 12 / 22 / 2011 Transaction ID : SA11Al.10105
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	Contributor	
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 ▼ 255.00	

Full Name (Last, First, Middle Initial) C. Lana I Kanaha		Date of Receipt 12 / 29 / 2011 Transaction ID : SA11Al.10106
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	Contributor	
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 ▼ 260.00	

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 13 OF 15
	<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)

A. 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 ▼ 245.00

Date of Receipt
 12 / 08 / 2011
Transaction ID : SA11AI.10111
 Amount of Each Receipt this Period 5.00
 Contributor

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 ▼ 250.00

Date of Receipt
 12 / 15 / 2011
Transaction ID : SA11AI.10112
 Amount of Each Receipt this Period 5.00
 Contributor

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 ▼ 255.00

Date of Receipt
 12 / 22 / 2011
Transaction ID : SA11AI.10113
 Amount of Each Receipt this Period 5.00
 Contributor

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: PAGE 14 OF 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. 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 ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 29 / 2011
Transaction ID : SA11Al.10114
Amount of Each Receipt this Period
5.00
Contributor

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).....▶	5.00
TOTAL This Period (last page this line number only).....▶	336.50

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. HANABUSA FOR HAWAII

Mailing Address P.O. BOX 1416

City HONOLULU State HI Zip Code 96806

Purpose of Disbursement
Contributor

Candidate Name

COLLEEN WAKAKO HANABUSA

Office Sought: House
 Senate
 President
State: HI District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2011

Transaction ID : SB23.10082

Amount of Each Disbursement this Period

2500.00

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
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Amount of Each Disbursement this Period

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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
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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)..... ▶

2500.00

2500.00
