Image# 201507279000426589 PAGE 1 / 7

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

ronw 3x	For Other Than An Au	uthorized Committe	ee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	g, type	12FE4M5		
COMMITTEE (in full)		over the lines.		12FE4M5		
Horizon Lines LLC	Associates Good Gov't	t Fund (Horizon L	ines Asso	ociates Go	ood Gov't Fur	nd)
ADDRESS (number and stree	t) 2550 West Tyvola Road					
	Suite 530, Coliseum 3					
Check if different than previously reported. (ACC)	Charlotte			NC L	28217	
2. FEC IDENTIFICATION	NUMBER ▼ C	CITY A	5	STATE A	ZIP COE	DE 🛦
C C00385179	3.	IS THIS REPORT (N	EW N) OR	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Fe	eb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election
(a) Quarterly Reports:	Due On:	lar 20 (M3) J	un 20 (M6)	Sep	20 (M9)	Year Only) Dec 20 (M12) (Non-Election
_	A	pr 20 (M4) J	ul 20 (M7)	Oct 2	20 (M10)	Year Only) Jan 31 (YE)
April 15 Quarterly Repo	ort (Q1) (c) 12-Day	Primary (12P)		General ((12G)	Runoff (12R)
July 15 Quarterly Repo	ort (Q2) PRE-Election Report for the:	Convention (1	12C)	Special (12S)	
October 15 Quarterly Repo		Convenien (oposiai (0/	
January 31 Year-End Repo	ort (YE)	etion on	D D /	Y	in the State of	
July 31 Mid-Ye Report (Non-el- Year Only) (MY	ection (d) 30-Day	General (30G)	Runoff (3	0R)	Special (30S)
Termination Re (TER)	port	etion on	D D /	Y = Y = Y = Y	in the State of	
5. Covering Period	07 01 Y Y Y Y 2015	Y Y	M M M	/ 27 /	2015	
I certify that I have examine	ed this Report and to the best	of my knowledge and b	elief it is tru	e, correct and	complete.	
Type or Print Name of Trea	surer Mark Blankenship					
Signature of Treasurer	Mark Blankenship	[Electronically	Filed] D	ate 07	/ D D / 27	2015
NOTE: Submission of false, e	erroneous, or incomplete informat	tion may subject the pers	on signing th	is Report to th	ne penalties of 2 U	J.S.C. §437g.
Office Use					FEC FOR	
Only					Rev. 12/20	JU4

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

2015 07 2015 Report Covering the Period: 27 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 26932.63 January 1, 2015 (b) Cash on Hand at 15709.36 Beginning of Reporting Period..... 4276.73 1000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 16709.36 31209.36 6(a) and 6(c) for Column B)..... 16709.36 31209.36 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 0.00 0.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

R	eport Covering the Period: From: 07	01 2015 To:	07 27 2015			
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)	0.00	1113.81			
	(ii) Unitemized(iii) TOTAL (add	0.00	2162.92			
	Lines 11(a)(i) and (ii)▶	0.00	3276.73			
	(b) Political Party Committees	0.00	0.00			
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00			
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	0.00	3276.73			
12.	Party Committees	0.00	0.00			
13.	All Loans Received	0.00	0.00			
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00			
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00			
	to Federal Candidates and Other Political Committees	1000.00	1000.00			
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00			
	(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))▶	1000.00	4276.73			
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1000.00	4276.73			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	0.00		
	(c) Total Operating Expenditures	0.00	0.00		
2	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	0.00	0.00		
	Committees	16709.36	16709.36		
3.	Contributions to Federal Candidates/Committees	, , , , , , , , , , , , , , , , , , , ,			
	and Other Political Committees	0.00	14500.00		
4.	Independent Expenditures (use Schedule E)	0.00	0.00		
5.	Coordinated Party Expenditures	7			
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
_		0.00	200		
Э.	Loan Repayments Made	0.00	0.00		
7.	Loans Made	0.00	0.00		
8.	Refunds of Contributions To: (a) Individuals/Persons Other				
	Than Political Committees	0.00	0.00		
	(h) Political Party Committees	0.00	0.00		
	(b) Political Party Committees	0.00			
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00		
	(200 200), (2), 200 (0),				
9.	Other Disbursements	0.00	0.00		
)	Federal Election Activity (2 U.S.C. §431(20))				
٠.	(a) Allocated Federal Election Activity				
	(from Schedule H6)	200	0.00		
	(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	0.00	0.00		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
1.	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	16709.36	31209.36		
2.	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	16709.36	31209.36		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	3276.73		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	3276.73		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

		_	LINE	_		:	PAGE		6 OF	=	7
Use separate schedule(s) for each category of the Detailed Summary Page		(check only one)									
			11a		11b		11c		12		
,g.			13		14		15	X	16		17
not be sold or used by any pedress of any political committee											
(Λ.		!		0	_1	O !	. –	· l'		

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Horizon Lines LLC Associates (Good Gov't Fund (Horizon Lines A	ssociates Good Gov't Fund)			
Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTI Mailing Address P O B 13147	ΞE	Date of Receipt			
		07 20 2015			
City BALTIMORE	State Zip Code MD 21203	Transaction ID : SA16.12462 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C C00199273	1000.00			
Name of Employer	Occupation	Refund of contribution			
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) 3.		Date of Receipt			
Mailing Address		M = M / D = D / Y = Y = Y			
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С				
Name of Employer	Occupation				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address		M = M / D = D / Y = Y = Y			
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C				
Name of Employer	Occupation				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼				
SUBTOTAL of Receipts This Page (optional)	•	1000.00			
TOTAL This Period (last page this line number	only)	1000.00			

SCHEDULE B (FEC Form 3X)	Haraman L. I. I. C.	FOR LINE I	NUMBER:	PAGE 7 OF 7
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) X 22 23 28b 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) Horizon Lines LLC Associates Goo	•			
Full Name (Last, First, Middle Initial)	ON 001 # #====		Date of District	ont
MATSON, INC. FEDERAL ELECTI	ON COMMITTEE		Date of Disbursem	/ Y = Y = Y = Y
Mailing Address 555 12TH STREET 8TH FLOOR			07 21	2015
OAKLAND	State Zip Code CA 94607		Transaction ID :	SB22.12463
Purpose of Disbursement transfer of funds to affiliate PAC			Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		16709.36
President	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) B.			Date of Disbursem	
Mailing Address			M M / D D	/ Y Y Y Y Y
City	State Zip Code			
Purpose of Disbursement			Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		
	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Disbursem	
Mailing Address			W - W / B - B]/ [
City	State Zip Code			
Purpose of Disbursement			Assessed of Foods D	ishaan ahaa bala Badada
Candidate Name		Category/ Type		isbursement this Period
	nent For: Primary General Other (specify)	.,,,,,		
				16709.36
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		10709.30
TOTAL This Period (last page this line number only).				16709.36