

**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)

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="2014"/>		<input type="text" value="30998.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="30269.13"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="140.86"/>	<input type="text" value="8911.88"/>
(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="30409.99"/>	<input type="text" value="39909.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="9500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="30409.99"/>	<input type="text" value="30409.99"/>
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).....	125.86	5637.25
(ii) Unitemized	15.00	3274.63
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	140.86	8911.88
(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)	140.86	8911.88
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))..... ▶	140.86	8911.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	140.86	8911.88

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.....	0.00	9500.00
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)) ..	0.00	9500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	9500.00

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	140.86	8911.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	140.86	8911.88
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 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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. Marion G. Davis

Mailing Address 11511 Brayton Drive C1

City Anchorage	State AK	Zip Code 98516
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FEC ID number of contributing federal political committee. **C**

Name of Employer Horizon Lines	Occupation VP And General Mgr, Alaska
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 10 / 02 / 2014
Transaction ID : SA11AI.12060

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
B. Marion G. Davis

Mailing Address 11511 Brayton Drive C1

City Anchorage	State AK	Zip Code 98516
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FEC ID number of contributing federal political committee. **C**

Name of Employer Horizon Lines	Occupation VP And General Mgr, Alaska
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1025.00

Date of Receipt
 10 / 09 / 2014
Transaction ID : SA11AI.12068

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Dwayne Fujitani

Mailing Address 1818a Aupuni St

City Honolulu	State HI	Zip Code 96817
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FEC ID number of contributing federal political committee. **C**

Name of Employer Horizon Lines	Occupation Manager, Port Operations
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 317.20

Date of Receipt
 10 / 02 / 2014
Transaction ID : SA11AI.12062

Amount of Each Receipt this Period
 7.93
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	57.93
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 9
	<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 M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014 Transaction ID : SA11AI.12069
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.93 contribution
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Horizon Lines Manager, Port Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.13	

Full Name (Last, First, Middle Initial) B. Lori A Galloway		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2014 Transaction ID : SA11AI.12063
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 15.00 contribution
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Horizon Lines Manager, Port Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Lori A Galloway		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014 Transaction ID : SA11AI.12073
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 15.00 contribution
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Horizon Lines Manager, Port Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.00	

SUBTOTAL of Receipts This Page (optional).....▶	37.93
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 9
	<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. Kenneth Gill			Date of Receipt M M / D D / Y Y Y Y 10 / 02 / 2014 Transaction ID : SA11AI.12064
Mailing Address 2911 Leeward Place			Amount of Each Receipt this Period 10.00 contribution
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Kenneth Gill			Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014 Transaction ID : SA11AI.12074
Mailing Address 2911 Leeward Place			Amount of Each Receipt this Period 10.00 contribution
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00		

Full Name (Last, First, Middle Initial) C. Lana I Kanaha			Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014 Transaction ID : SA11AI.12071
Mailing Address 837 Kealahou St			Amount of Each Receipt this Period 5.00 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 ▼ 205.00		

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 9 OF 9
	<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 <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		09		2014
M M	/	D D	/	Y Y Y Y									
10		09		2014									
Mailing Address 95-40 HaaloHi St			Transaction ID : SA11Al.12070										
City Mililani	State HI	Zip Code 06789	Amount of Each Receipt this Period <table border="1"> <tr> <td>5.00</td> </tr> </table>	5.00									
5.00													
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 ▼ <table border="1"> <tr> <td>205.00</td> </tr> </table>	205.00											
205.00													

Full Name (Last, First, Middle Initial) B.			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
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City	State	Zip Code											
FEC ID number of contributing federal political committee. C													
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td></td> </tr> </table>												

Full Name (Last, First, Middle Initial) C.			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address			Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>										
City	State	Zip Code											
FEC ID number of contributing federal political committee. C													
Name of Employer	Occupation												
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SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>5.00</td> </tr> </table>	5.00
5.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td>125.86</td> </tr> </table>	125.86
125.86		