

**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="30945.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="140.86"/>	<input type="text" value="11511.13"/>
(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="31086.80"/>	<input type="text" value="57586.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3000.00"/>	<input type="text" value="29500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28086.80"/>	<input type="text" value="28086.80"/>
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).....	135.86	6997.34
(ii) Unitemized	5.00	4513.79
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	140.86	11511.13
(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	11511.13
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	11511.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	140.86	11511.13

DETAILED SUMMARY PAGE

of Disbursements

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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.....	3000.00	29500.00
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)) ..	3000.00	29500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	29500.00

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	11511.13
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	11511.13
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 10
<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. 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 Director, operations
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1025.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	04	/	2012

Transaction ID : SA11Al.10729

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 Director, operations
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	11	/	2012

Transaction ID : SA11Al.10734

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 ▼ **322.97**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	04	/	2012

Transaction ID : SA11Al.10732

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 10
	<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 10 / 11 / 2012 Transaction ID : SA11Al.10735
Mailing Address 1818a Aupuni St			Amount of Each Receipt this Period 7.93
City Honolulu	State HI	Zip Code 96817	Contribution
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 ▼ 330.90	

Full Name (Last, First, Middle Initial) B. Lori A Galloway			Date of Receipt 10 / 04 / 2012 Transaction ID : SA11Al.10731
Mailing Address P.O. Box 111393			Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511	Contribution
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 ▼ 615.00	

Full Name (Last, First, Middle Initial) C. Lori A Galloway			Date of Receipt 10 / 11 / 2012 Transaction ID : SA11Al.10739
Mailing Address P.O. Box 111393			Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511	Contribution
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 ▼ 630.00	

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 10
	<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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2012

Transaction ID : SA11Al.10728

Amount of Each Receipt this Period

10.00

Contribution

B. 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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2012

Transaction ID : SA11Al.10740

Amount of Each Receipt this Period

10.00

Contribution

C. Lana I Kanaha
Full Name (Last, First, Middle Initial)
Mailing Address 837 Kealahou St

City Honolulu	State HI	Zip Code 96825
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2012

Transaction ID : SA11Al.10727

Amount of Each Receipt this Period

5.00

Contribution

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 10
	<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 10 / 11 / 2012 Transaction ID : SA11AI.10737
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		Contribution
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 ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Frank Roznerski		Date of Receipt 10 / 04 / 2012 Transaction ID : SA11AI.10733
Mailing Address 95-40 Haalohe 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		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 ▼ 205.00	

Full Name (Last, First, Middle Initial) C. Frank Roznerski		Date of Receipt 10 / 11 / 2012 Transaction ID : SA11AI.10736
Mailing Address 95-40 Haalohe 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		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 ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	135.86

**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. CANTWELL VICTORY 2012

Mailing Address 3518 FREMONT AVENUE NORTH
#545

City SEATTLE State WA Zip Code 98103

Purpose of Disbursement
Contribution

Candidate Name

MARIA CANTWELL

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SB23.10722

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DUNCAN D. HUNTER FOR CONGRESS

Mailing Address 9340 FUERTE DRIVE SUITE 302

City LA MESA State CA Zip Code 91941

Purpose of Disbursement
Contribution

Candidate Name

DUNCAN HUNTER

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 08 / 2012

Transaction ID : SB23.10721

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3000.00

3000.00