

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

ADDRESS (number and street)

1050 Connecticut Ave NW  
Suite 1200 c/o T. WALLS  
WASHINGTON DC 20036

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00385179

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input checked="" type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2010 through 03 31 2010

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 Electronically Filed by Mark Blankenship Date 03 17 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

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="2010"/>		77975.29
(b) Cash on Hand at Beginning of Reporting Period .....	78778.29	
(c) Total Receipts (from Line 19) .....	2786.25	11089.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	81564.54	89064.54
7. Total Disbursements (from Line 31) .....	4500.00	12000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	77064.54	77064.54
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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 Government Fund/Horizon Lines Associates Good  
Govt Fu

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) .....	1774.34	6098.34
(ii) Unitemized .....	1011.91	4990.91
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2786.25	11089.25
(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) .....	2786.25	11089.25
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 Transfer (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)) .....	2786.25	11089.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2786.25	11089.25

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	4500.00	12000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	4500.00	12000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4500.00	12000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	2786.25	11089.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2786.25	11089.25
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 / 12
	<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 Government Fund/Horizon Lines Associates Good Govt Fu

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Avara	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 1218 Hillshire Meadow Drive	<b>Transaction ID:</b> SA11AI.8578
	City State Zip Code Matthews NC 28105	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction monthly
Name of Employer Horizon Lines, LLC	Occupation Sr VP, Finance & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Blankenship	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 3247 Windbluff Drive	<b>Transaction ID:</b> SA11AI.8572
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction monthly
Name of Employer Horizon Lines	Occupation VP, Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marvin Buchanan	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 6012 E Mercer Way	<b>Transaction ID:</b> SA11AI.8554
	City State Zip Code Mercer Island WA 98040	Amount of Each Receipt this Period 147.08
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction monthly
Name of Employer Horizon Lines	Occupation Director, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 441.24	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>322.08</b>
<b>TOTAL</b> 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 / 12
	<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 Government Fund/Horizon Lines Associates Good Govt Fu

**A.**

Full Name (Last, First, Middle Initial)  
Erica Compton

Mailing Address 4838 Gurley Ave

City State Zip Code  
Dallas TX 75223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Horizon Lines Manager, Collections

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.60

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2010

**Transaction ID:** SA11AI.8563

Amount of Each Receipt this Period  
70.20

payroll deduction monthly

**B.**

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

Mailing Address 11511 Brayton Drive C1

City State Zip Code  
Anchorage AK 98516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Horizon Lines Director, operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** SA11AI.8545

Amount of Each Receipt this Period  
100.00

payroll deduction weekly

**C.**

Full Name (Last, First, Middle Initial)  
Rich Kessler

Mailing Address 3123 Overlook Circle

City State Zip Code  
Hilland Village TX 75077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Horizon Services Vice president

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
473.28

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2010

**Transaction ID:** SA11AI.8560

Amount of Each Receipt this Period  
157.76

payroll deduction monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **327.96**

**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 / 12
	<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 Government Fund/Horizon Lines Associates Good Govt Fu

<b>A.</b>	Full Name (Last, First, Middle Initial) Marv Labrador		Date of Receipt MM / DD / YYYY 03 / 26 / 2010
	Mailing Address P.O. Box 8897		Transaction ID: SA11AI.8551
	City Tamuning	State GU	Zip Code 96931
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 129.24
	Name of Employer Horizon Lines	Occupation General Manager, Country Mgmt	payroll deduction weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 387.72	

<b>B.</b>	Full Name (Last, First, Middle Initial) Huei-Ning Pee		Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 1839 Darnell Circle		Transaction ID: SA11AI.8567
	City Frisco	State TX	Zip Code 75056
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 89.52
	Name of Employer Horizon Lines	Occupation Manager Applications	payroll deduction monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 268.56	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles G. Raymond		Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 9015 Winged Bourne Rd		Transaction ID: SA11AI.8571
	City Charlotte	State NC	Zip Code 28210
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 554.17
	Name of Employer Horizon Lines	Occupation President & CEO	payroll deduction monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1662.51	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>772.93</b>
<b>TOTAL</b> 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 / 12
	<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 Government Fund/Horizon Lines Associates Good Govt Fu

<b>A.</b>	Full Name (Last, First, Middle Initial) Jose Rodriguez	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address ALTURAS DE TORRIMAR CALLE 7 #15-1	<b>Transaction ID:</b> SA11AI.8585
	City State Zip Code Guaynabo PR 00969	Amount of Each Receipt this Period 69.79
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction monthly
Name of Employer Horizon Lines	Occupation General Manager, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.37	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael, Zendan	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 943 Longfield Circle	<b>Transaction ID:</b> SA11AI.8576
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 114.58
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction monthly
Name of Employer Horizon Lines	Occupation VP, Deputy General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.74	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Zuckerman	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 19233 Hidden Cove Lane	<b>Transaction ID:</b> SA11AI.8577
	City State Zip Code Cornelius NC 28031	Amount of Each Receipt this Period 167.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction monthly
Name of Employer Horizon Lines	Occupation VP Legal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>351.37</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1774.34</b>

**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)

PAGE 10 / 12

<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 Government Fund/Horizon Lines Associates Good Govt Fu

<b>A.</b> Full Name (Last, First, Middle Initial) CARNAHAN, ROBIN <hr/> Mailing Address PO BOX 50378 <hr/> City ST LOUIS State MO Zip Code 63105 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8540 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	011
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JIM OBERSTAR <hr/> Mailing Address 1017 8th St. NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8538 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	011
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER <hr/> Mailing Address 509 MADISON AVE SUITE 1902 <hr/> City NEW YORK State NY Zip Code 10022 <hr/> Purpose of Disbursement Contribution <hr/> Candidate Name CHARLES E SCHUMER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8539 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	011

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

4500.00

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

**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 Government Fund/Horizon Lines Associates Good Govt Fu

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF SCHUMER</b>	<b>Transaction ID:</b> SB23.9186
	Mailing Address <b>509 MADISON AVE SUITE 1902</b>	Date of Disbursement MM / DD / YYYY <b>03 / 22 / 2010</b>
	City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10022</b>	Amount of Each Disbursement this Period <b>-1000.00</b>
	Purpose of Disbursement Contribution - check lost	<b>011</b> Category/ Type
	Candidate Name <b>CHARLES E SCHUMER</b>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>00</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MENENDEZ FOR SENATE</b>	<b>Transaction ID:</b> SB23.8536
	Mailing Address <b>P.O. Box 848</b>	Date of Disbursement MM / DD / YYYY <b>03 / 01 / 2010</b>
	City <b>Union City</b> State <b>NJ</b> Zip Code <b>07087</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement	<b>011</b> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NJ</b> District: <b>13</b>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**0.00**

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

**4500.00**

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 12 / 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Horizon Lines, LLC Associates Good Government Fund/Horizon Lines Associates Good Govt Fu

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor BSY Associates	Nature of Debt (Purpose): design, production of printed materials
Mailing Address 195 Fairfield Ave. Suite 4D	
City State ZIP Code West Caldwell NJ 07006	

Outstanding Balance Beginning This Period -3770.00	<b>Transaction ID: SD10.4121</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -3770.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor BSY Associates	Nature of Debt (Purpose): design, production of printed materials
Mailing Address 195 Fairfield Ave. Suite 4D	
City State ZIP Code West Caldwell NJ 07006	

Outstanding Balance Beginning This Period 3770.00	<b>Transaction ID: SD10.4120</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3770.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	0.00