

# 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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End 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 type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input checked="" 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 [MM] / [DD] / [YYYY] 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) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 12 / 01 / 2013 through [MM] / [DD] / [YYYY] 12 / 31 / 2013

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 / 15 / 2014

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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**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="2013"/>		30164.03
(b) Cash on Hand at Beginning of Reporting Period.....	30872.08	
(c) Total Receipts (from Line 19) .....	1126.03	18834.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	31998.11	48998.11
7. Total Disbursements (from Line 31).....	1000.00	18000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	30998.11	30998.11
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 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).....	1090.03	14789.83
(ii) Unitemized .....	36.00	4044.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1126.03	18834.08
(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) .....	1126.03	18834.08
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))..... ▶	1126.03	18834.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1126.03	18834.08

**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 (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.....	1000.00	18000.00
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)) ..	1000.00	18000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	18000.00

**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) .....	1126.03	18834.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1126.03	18834.08
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 19
	<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)**

Full Name (Last, First, Middle Initial)  
**A. Hector Anza**

Mailing Address I-29 Via Llanuras La Vista

City San Juan State PR Zip Code 00924

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

Name of Employer: **Horizone** Occupation: **Land Operations Supervisor**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11AI.11540**

Amount of Each Receipt this Period  
**17.92**

Contributor

Full Name (Last, First, Middle Initial)  
**B. Henry Bell**

Mailing Address 4701 Preston Park Blvd

City Plano State TX Zip Code 75093

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

Name of Employer: **Horizon Lines** Occupation: **Financial Analyst Manager**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11AI.11542**

Amount of Each Receipt this Period  
**50.00**

Contributor

Full Name (Last, First, Middle Initial)  
**C. Alfred Bozuffi**

Mailing Address 159 Bergen Street

City Brooklyn State NY Zip Code 11217

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

Name of Employer: **Horizon Lines** Occupation: **Naval Architect**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **573.72**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11AI.11543**

Amount of Each Receipt this Period  
**47.81**

Contributor

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.73</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: PAGE 7 OF 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Marvin Buchanan**  
 Mailing Address 6012 E Mercer Way  
 City State Zip Code  
 Mercer Island WA 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Horizon Lines VP, Sales & Mktg, Alaska  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1841.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.11544**  
 Amount of Each Receipt this Period  
 153.42  
 Contributor

Full Name (Last, First, Middle Initial)  
**B. 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 VP And General Mgr, Alaska  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2013  
**Transaction ID : SA11AI.11507**  
 Amount of Each Receipt this Period  
 25.00  
 Contributor

Full Name (Last, First, Middle Initial)  
**c. 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 VP And General Mgr, Alaska  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2013  
**Transaction ID : SA11AI.11515**  
 Amount of Each Receipt this Period  
 25.00  
 Contributor

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 203.42  
**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 19
	<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. 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 VP And General Mgr, Alaska  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1275.00**

Date of Receipt **12 / 19 / 2013**  
**Transaction ID : SA11AI.11523**  
 Amount of Each Receipt this Period **25.00**  
 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 VP And General Mgr, Alaska  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1300.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11AI.11532**  
 Amount of Each Receipt this Period **25.00**  
 Contributor

**C. Dwayne Fujitani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1818a Aupuni St  
 City Honolulu State HI Zip Code 96817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Manager, Port Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **388.57**

Date of Receipt **12 / 05 / 2013**  
**Transaction ID : SA11AI.11509**  
 Amount of Each Receipt this Period **7.93**  
 Contributor

**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 9 OF 19
<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) <b>A. Dwayne Fujitani</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2013 <b>Transaction ID : SA11AI.11516</b>
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.93
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 ▼ 396.50	

Full Name (Last, First, Middle Initial) <b>B. Dwayne Fujitani</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : SA11AI.11524</b>
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.93
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 ▼ 404.43	

Full Name (Last, First, Middle Initial) <b>C. Dwayne Fujitani</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2013 <b>Transaction ID : SA11AI.11533</b>
Mailing Address 1818a Aupuni St		Amount of Each Receipt this Period 7.93
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 ▼ 412.36	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	23.79
<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 10 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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) <b>A. Lori A Galloway</b>			Date of Receipt 12 / 05 / 2013 <b>Transaction ID : SA11Al.11510</b>
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		Aggregate Year-to-Date 735.00	
Name of Employer Horizon Lines	Occupation Manager, Port Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Lori A Galloway</b>			Date of Receipt 12 / 12 / 2013 <b>Transaction ID : SA11Al.11520</b>
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		Aggregate Year-to-Date 750.00	
Name of Employer Horizon Lines	Occupation Manager, Port Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Lori A Galloway</b>			Date of Receipt 12 / 19 / 2013 <b>Transaction ID : SA11Al.11528</b>
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		Aggregate Year-to-Date 765.00	
Name of Employer Horizon Lines	Occupation Manager, Port Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 11 OF 19
	<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) <b>A. Lori A Galloway</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2013 <b>Transaction ID : SA11AI.11537</b>
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. <b>C</b>		Aggregate Year-to-Date ▼ 780.00	
Name of Employer Horizon Lines	Occupation Manager, Port Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. James Garrahan</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013 <b>Transaction ID : SA11AI.11545</b>
Mailing Address 73 Paseo De Orguideas			Amount of Each Receipt this Period 50.00
City Trujillo Alto	State PR	Zip Code 00976	Contributor
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 600.00	
Name of Employer Horizon Lines	Occupation Manager, Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Gill</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2013 <b>Transaction ID : SA11AI.11511</b>
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. <b>C</b>		Aggregate Year-to-Date ▼ 490.00	
Name of Employer Horizon Lines	Occupation Manager, Business Processes	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 12 OF 19
	<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) <b>A. Kenneth Gill</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2013 <b>Transaction ID : SA11AI.11521</b>
Mailing Address 2911 Leeward Place		Amount of Each Receipt this Period 10.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Gill</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : SA11AI.11530</b>
Mailing Address 2911 Leeward Place		Amount of Each Receipt this Period 10.00
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 ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Gill</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2013 <b>Transaction ID : SA11AI.11538</b>
Mailing Address 2911 Leeward Place		Amount of Each Receipt this Period 10.00
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 ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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 13 OF 19
	<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. Gunther Hook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7804 Clark Springs Drive  
 City Plano State TX Zip Code 75025  
 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 **240.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11Al.11546**  
 Amount of Each Receipt this Period **200.00**  
 Contributor

**B. Sabrina M Jackson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3106 Indian Trail Ct  
 City Rowlett State TX Zip Code 75088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation OTC Documenting and Finance  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **703.56**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11Al.11547**  
 Amount of Each Receipt this Period **58.63**  
 Contributor

**C. Lana I Kanaha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 837 Kealahou St  
 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:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **245.00**

Date of Receipt **12 / 05 / 2013**  
**Transaction ID : SA11Al.11512**  
 Amount of Each Receipt this Period **5.00**  
 Contributor

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>83.63</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 14 OF 19
	<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. Lana I Kanaha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 837 Kealahou St  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 12 / 12 / 2013  
**Transaction ID : SA11AI.11518**  
 Amount of Each Receipt this Period 5.00  
 Contributor

**B. Lana I Kanaha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 837 Kealahou St  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 12 / 19 / 2013  
**Transaction ID : SA11AI.11526**  
 Amount of Each Receipt this Period 5.00  
 Contributor

**C. Lana I Kanaha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 837 Kealahou St  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 12 / 26 / 2013  
**Transaction ID : SA11AI.11535**  
 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: (check only one)	PAGE 15 OF 19
	<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)**

**A. Linda L Montgomery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Simmons Drive  
 City Copell State TX Zip Code 75019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Manager, Outbound Documentation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 437.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11Al.11549**  
 Amount of Each Receipt this Period  
 36.45  
 Contributor

**B. Janet Nieves**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Paseo Perla #207 Santa Barbara  
 City Gurabo State PR Zip Code 00778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Safety and Security Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11Al.11550**  
 Amount of Each Receipt this Period  
 20.00  
 Contributor

**C. Steve Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1805 Red Rock Drive  
 City McKinney State TX Zip Code 75075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Manager, Equipment  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11Al.11553**  
 Amount of Each Receipt this Period  
 20.00  
 Contributor

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.45
<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 16 OF 19
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Frank Roznerski</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2013 <b>Transaction ID : SA11AI.11514</b>
Mailing Address 95-40 Haalohi 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		Contributor
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 ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>B. Frank Roznerski</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2013 <b>Transaction ID : SA11AI.11517</b>
Mailing Address 95-40 Haalohi 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		Contributor
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Frank Roznerski</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : SA11AI.11525</b>
Mailing Address 95-40 Haalohi 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		Contributor
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 ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15.00
<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 17 OF 19
	<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)**

**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 **12 / 26 / 2013**  
**Transaction ID : SA11Al.11534**  
 Amount of Each Receipt this Period **5.00**  
 Contributor

**B. Claudia Stone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Atwood Avenue  
 City Pompton Plains State NJ Zip Code 07444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Associate General Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11Al.11554**  
 Amount of Each Receipt this Period **62.50**  
 Contributor

**C. Michael Zendan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 943 Longfield Circle  
 City Charlotte State NC Zip Code 28270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Lines Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1374.96**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11Al.11555**  
 Amount of Each Receipt this Period **114.58**  
 Contributor

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>182.08</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: PAGE 18 OF 19  
(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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NAME OF COMMITTEE (In Full)  
**Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)**

**A. Robert Zuckerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 82nd Street  
Unit B

City State Zip Code  
Virginia Beach VA 23451

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

Name of Employer Occupation  
Horizon Lines VP Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2004.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11A1.11556**

Amount of Each Receipt this Period  
167.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	167.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1090.03

**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. KEEP NICK RAHALL IN CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2013

Mailing Address P O BOX 64

City State Zip Code  
**BECKLEY WV 25802**

**Transaction ID : SB23.11562**

Purpose of Disbursement  
contribution

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**NICK JOE II RAHALL**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 03

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

1000.00
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**TOTAL** This Period (last page this line number only)..... ▶

1000.00
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