

**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) 2101 L Street, NW, Suite 1000  
 Attn: W. Farah  
 Check if different than previously reported. (ACC) Washington DC 20037

2. **FEC IDENTIFICATION NUMBER** C00385179 **CITY** **STATE** **ZIP CODE**  
 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 checked="" type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)<br>(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)<br>(Non-Election Year Only) |
| <input 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 M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y  
07 / 01 / 2014 through M M / D D / Y Y Y Y Y Y  
07 / 31 / 2014

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 M M / D D / Y Y Y Y Y Y  
09 / 09 / 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)

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="2014"/>	<input type="text" value="30998.11"/>	<input type="text" value="30998.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="29105.63"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="768.12"/>	<input type="text" value="6375.64"/>
(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="29873.75"/>	<input type="text" value="37373.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<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="27873.75"/>	<input type="text" value="27873.75"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	659.62	3308.01
(ii) Unitemized .....	108.50	3067.63
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	768.12	6375.64
(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) .....	768.12	6375.64
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))..... ▶	768.12	6375.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	768.12	6375.64

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	2000.00	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)) ..	2000.00	9500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	9500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	768.12	6375.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	768.12	6375.64
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 15
<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) <b>A. Henry Bell</b>		Date of Receipt MM / DD / YYYY 07 / 24 / 2014 <b>Transaction ID : SA11Al.11924</b>
Mailing Address 4701 Preston Park Blvd		Amount of Each Receipt this Period Contribution 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Alfred Bozzuffi</b>		Date of Receipt MM / DD / YYYY 07 / 24 / 2014 <b>Transaction ID : SA11Al.11925</b>
Mailing Address 159 Bergen Street		Amount of Each Receipt this Period Contribution 47.81
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.67	

Full Name (Last, First, Middle Initial) <b>C. Marion G. Davis</b>		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 <b>Transaction ID : SA11Al.11891</b>
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period Contribution 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	122.81
<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 OF 15
<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. Marion G. Davis</b>		Date of Receipt MM / DD / YYYY 07 / 10 / 2014 <b>Transaction ID : SA11AI.11899</b>
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 25.00
City Anchorage	State AK	Zip Code 98516
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation VP And General Mgr, Alaska	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Marion G. Davis</b>		Date of Receipt MM / DD / YYYY 07 / 17 / 2014 <b>Transaction ID : SA11AI.11907</b>
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 25.00
City Anchorage	State AK	Zip Code 98516
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation VP And General Mgr, Alaska	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00	

Full Name (Last, First, Middle Initial) <b>C. Marion G. Davis</b>		Date of Receipt MM / DD / YYYY 07 / 24 / 2014 <b>Transaction ID : SA11AI.11915</b>
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 25.00
City Anchorage	State AK	Zip Code 98516
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation VP And General Mgr, Alaska	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<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 8 OF 15
	<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. Marion G. Davis</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 <b>Transaction ID : SA11AI.11936</b>
Mailing Address 11511 Brayton Drive C1		Amount of Each Receipt this Period 750.00 Contribution
City Anchorage	State AK	Zip Code 98516
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Horizon Lines	Occupation VP And General Mgr, Alaska	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00	

Full Name (Last, First, Middle Initial) <b>B. Dwayne Fujitani</b>		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 <b>Transaction ID : SA11AI.11893</b>
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		Contribution
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 ▼ 214.11	

Full Name (Last, First, Middle Initial) <b>C. Dwayne Fujitani</b>		Date of Receipt MM / DD / YYYY 07 / 10 / 2014 <b>Transaction ID : SA11AI.11901</b>
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		Contribution
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 ▼ 222.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.86
<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 OF 15
	<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 MM / DD / YYYY 07 / 17 / 2014 <b>Transaction ID : SA11AI.11909</b>
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 ▼ 229.97		

Full Name (Last, First, Middle Initial) <b>B. Dwayne Fujitani</b>			Date of Receipt MM / DD / YYYY 07 / 24 / 2014 <b>Transaction ID : SA11AI.11917</b>
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 ▼ 237.90		

Full Name (Last, First, Middle Initial) <b>C. Dwayne Fujitani</b>			Date of Receipt MM / DD / YYYY 07 / 31 / 2014 <b>Transaction ID : SA11AI.11938</b>
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 ▼ 245.83		

<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 15
	<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. Lori A Galloway</b>		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 <b>Transaction ID : SA11AI.11894</b>
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. C		Contribution
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 ▼ 405.00	

Full Name (Last, First, Middle Initial) <b>B. Lori A Galloway</b>		Date of Receipt MM / DD / YYYY 07 / 10 / 2014 <b>Transaction ID : SA11AI.11902</b>
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. C		Contribution
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 ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C. Lori A Galloway</b>		Date of Receipt MM / DD / YYYY 07 / 17 / 2014 <b>Transaction ID : SA11AI.11910</b>
Mailing Address P.O. Box 111393		Amount of Each Receipt this Period 15.00
City Anchorage	State AK	Zip Code 99511
FEC ID number of contributing federal political committee. C		Contribution
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 ▼ 435.00	

<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 15
	<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	<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 MM / DD / YYYY 07 / 24 / 2014 <b>Transaction ID : SA11AI.11918</b>
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		Contribution	
Name of Employer Horizon Lines	Occupation Manager, Port Operations	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	Contribution	

Full Name (Last, First, Middle Initial) <b>B. Lori A Galloway</b>			Date of Receipt MM / DD / YYYY 07 / 31 / 2014 <b>Transaction ID : SA11AI.11939</b>
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		Contribution	
Name of Employer Horizon Lines	Occupation Manager, Port Operations	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	Contribution	

Full Name (Last, First, Middle Initial) <b>C. James Garrahan</b>			Date of Receipt MM / DD / YYYY 07 / 24 / 2014 <b>Transaction ID : SA11AI.11926</b>
Mailing Address 73 Paseo De Orguideas			Amount of Each Receipt this Period 50.00
City Trujillo Alto	State PR	Zip Code 00976	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Horizon Lines	Occupation Manager, Sales	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	Contribution	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<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 15
	<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. Kenneth Gill</b>			Date of Receipt MM / DD / YYYY 07 / 03 / 2014 <b>Transaction ID : SA11AI.11895</b>
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			Contribution
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 ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>B. Kenneth Gill</b>			Date of Receipt MM / DD / YYYY 07 / 10 / 2014 <b>Transaction ID : SA11AI.11903</b>
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			Contribution
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 ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>C. Kenneth Gill</b>			Date of Receipt MM / DD / YYYY 07 / 17 / 2014 <b>Transaction ID : SA11AI.11911</b>
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			Contribution
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 ▼ 290.00		

<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 15
	<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	<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 MM / DD / YYYY 07 / 24 / 2014 <b>Transaction ID : SA11AI.11919</b>
Mailing Address 2911 Leeward Place			Amount of Each Receipt this Period Contribution 10.00
City Anchorage	State AK	Zip Code 99516	
FEC ID number of contributing federal political committee. C			Contribution 300.00
Name of Employer Horizon Lines	Occupation Manager, Business Processes		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>B. Kenneth Gill</b>			Date of Receipt MM / DD / YYYY 07 / 31 / 2014 <b>Transaction ID : SA11AI.11940</b>
Mailing Address 2911 Leeward Place			Amount of Each Receipt this Period Contribution 10.00
City Anchorage	State AK	Zip Code 99516	
FEC ID number of contributing federal political committee. C			Contribution 310.00
Name of Employer Horizon Lines	Occupation Manager, Business Processes		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>C. Sabrina M Jackson</b>			Date of Receipt MM / DD / YYYY 07 / 24 / 2014 <b>Transaction ID : SA11AI.11927</b>
Mailing Address 3106 Indian Trail Ct			Amount of Each Receipt this Period Contribution 58.63
City Rowlett	State TX	Zip Code 75088	
FEC ID number of contributing federal political committee. C			Contribution 410.41
Name of Employer Horizon Lines	Occupation OTC Documenting and Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	78.63
<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 15
	<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. Linda L Montgomery</b>		Date of Receipt MM / DD / YYYY 07 / 24 / 2014 <b>Transaction ID : SA11Al.11929</b>
Mailing Address 157 Simmons Drive		Amount of Each Receipt this Period 36.45
City Copell	State TX	Zip Code 75019
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Horizon Lines	Occupation Manager, Outbound Documentation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.15	

Full Name (Last, First, Middle Initial) <b>B. Claudia Stone</b>		Date of Receipt MM / DD / YYYY 07 / 24 / 2014 <b>Transaction ID : SA11Al.11933</b>
Mailing Address 3 Atwood Avenue		Amount of Each Receipt this Period 12.50
City Pompton Plains	State NJ	Zip Code 07444
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Horizon Lines	Occupation Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.50	

Full Name (Last, First, Middle Initial) <b>C. Michael Zendan</b>		Date of Receipt MM / DD / YYYY 07 / 24 / 2014 <b>Transaction ID : SA11Al.11934</b>
Mailing Address 943 Longfield Circle		Amount of Each Receipt this Period 114.58
City Charlotte	State NC	Zip Code 28270
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Horizon Lines	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 802.06	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	163.53
<b>TOTAL</b> This Period (last page this line number only).....▶	659.62

**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. FRIENDS OF JOHN THUNE**

Mailing Address PO BOX 841

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement contribution

Candidate Name

**JOHN R THUNE**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: SD District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2014

**Transaction ID : SB23.11887**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City JEFFERSON State LA Zip Code 70183

Purpose of Disbursement Contribution

Candidate Name

**STEVE MR. SCALISE**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

**Transaction ID : SB23.11882**

Amount of Each Disbursement this Period

1000.00

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

2000.00

2000.00