

# 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 Associates Good Government Fund

ADDRESS (number and street) 1050 CONNECTICUT AVENUE NW  
SUITE 1200  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20036

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:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2006 through 03 31 2006

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 04 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Horizon Lines Associates Good Government Fund

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		48751.19
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	55714.57									
(c) Total Receipts (from Line 19) .....	3859.35	11531.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	59573.92	60282.28								
7. Total Disbursements (from Line 31) .....	5500.00	6208.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	54073.92	54073.92								
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 Associates Good Government Fund

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	1954.08	3571.82
(i) Itemized (use Schedule A) .....	1905.27	7959.27
(ii) Unitemized .....	3859.35	11531.09
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	3859.35	11531.09
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)) .....	3859.35	11531.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3859.35	11531.09

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</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.....	5500.00	5500.00
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	708.36
(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	708.36
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))..	5500.00	6208.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5500.00	6208.36

**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) .....	3859.35	11531.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	708.36
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3859.35	10822.73
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 13
	<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 Associates Good Government Fund

**A.** Full Name (Last, First, Middle Initial)  
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 Director, Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 363.54

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2006

Transaction ID: SA11A1.5112

Amount of Each Receipt this Period  
121.18

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Denise Corbett

Mailing Address 9714 Shoal Creek Drive

City State Zip Code  
Rowlett TX 75089

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

Name of Employer Occupation  
Horizon Lines Director Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 253.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2006

Transaction ID: SA11A1.5118

Amount of Each Receipt this Period  
84.48

payroll deduction

**C.** 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  
M M / D D / Y Y Y Y Y  
03 / 21 / 2006

Transaction ID: SA11A1.5120

Amount of Each Receipt this Period  
100.00

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>305.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 13
	<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 Associates Good Government Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Clifford Farley		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 3570 Sharatin Road		Transaction ID: SA11A1.5125	
City Kodiak	State AK	Zip Code 99615	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer Horizon Lines	Occupation Manager - Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Rich Kessler		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 3123 Overlook Circle		Transaction ID: SA11A1.5143	
City Hilland Village	State TX	Zip Code 75077	Amount of Each Receipt this Period 141.63
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer Horizon Services	Occupation Vice president		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 424.89		

Full Name (Last, First, Middle Initial) <b>C.</b> Marv Labrador		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address P.O. Box 8897		Transaction ID: SA11A1.5144	
City Tamuning	State GU	Zip Code 96931	Amount of Each Receipt this Period 115.40
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer Horizon Lines	Occupation General Manager, Country Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.04		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	357.03
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 13
	<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 Associates Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Charles G. Raymond</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 9015 Winged Bourne Rd		<b>Transaction ID: SA11A1.5161</b>	
City State Zip Code Charlotte NC 28210	Amount of Each Receipt this Period 479.17		
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer Horizon Lines	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 729.15		

Full Name (Last, First, Middle Initial) <b>B. Sam Raymond</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 6143 Cedar Croft Drive		<b>Transaction ID: SA11A1.5162</b>	
City State Zip Code Charlotte NC 28266	Amount of Each Receipt this Period 206.00		
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer Horizon Lines	Occupation Manager, Performance Monitoring		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 412.00		

Full Name (Last, First, Middle Initial) <b>C. Domingo Rodriguez</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address PO Box 360945		<b>Transaction ID: SA11A1.5167</b>	
City State Zip Code San Juan PR 00936	Amount of Each Receipt this Period 74.04		
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer Horizon Lines	Occupation Manager, Finance and Accounting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.12		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	759.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 13
	<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 Associates Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Brian Taylor</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2006	
Mailing Address 150 Kaapuni Drive		<b>Transaction ID: SA11A1.5173</b>	
City State Zip Code Kallua HI 96734	Amount of Each Receipt this Period 117.24		
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer Horizon Lines	Occupation VP Country Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.76		

Full Name (Last, First, Middle Initial) <b>B. Matthew Urbania</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2006	
Mailing Address 3034 Shillington Pl		<b>Transaction ID: SA11A1.5176</b>	
City State Zip Code Charlotte NC 28210	Amount of Each Receipt this Period 166.00		
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer Horizon Lines	Occupation Vice President & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00		

Full Name (Last, First, Middle Initial) <b>C. Derick A Wright</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2006	
Mailing Address 5905 Sand SHell Court		<b>Transaction ID: SA11A1.5179</b>	
City State Zip Code Dallas TX 75252	Amount of Each Receipt this Period 81.94		
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer Horizon Lines	Occupation Manager, Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.82		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	365.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 13	
	(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"/> 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 Associates Good Government Fund

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

Mailing Address 19233 Hidden Cove Lane

City State Zip Code  
Cornelius NC 28031

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

Name of Employer Occupation  
Horizon Lines VP Legal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
501.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	0	6

Transaction ID: SA11A1.5180

Amount of Each Receipt this Period  
167.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	167.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1954.08

**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 11 / 13

<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 Associates Good Government Fund

Full Name (Last, First, Middle Initial)  
**A. BOB FILNER FOR CONGRESS**

Mailing Address P.O. Box 127868

City San Diego State CA Zip Code 92112

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 51

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5098

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
**B. FRIENDS OF JIM OBERSTAR**

Mailing Address 1017 8th St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MN District: 08

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5092

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
**C. LISA MURKOWSKI FOR US SENATE**

Mailing Address PO BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AK District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5096

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

3000.00

**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)

PAGE 12 / 13

<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 Associates Good Government Fund

Full Name (Last, First, Middle Initial)  
**A. PETE KING FOR CONGRESS COMMITTEE**

Transaction ID: SB23.5094

Date of Disbursement

Mailing Address POST OFFICE BOX 1428

<sup>M</sup> 0	<sup>M</sup> 3	/	<sup>D</sup> 1	<sup>D</sup> 3	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 6
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City SEAFORD State NY Zip Code 11783

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 03

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

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

2500.00

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

5500.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 13 / 13	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Horizon Lines Associates Good Government Fund

<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 <input type="text" value="-3770.00"/>	<b>Transaction ID: SD10.4121</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="-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 <input type="text" value="3770.00"/>	<b>Transaction ID: SD10.4120</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3770.00"/>

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