Image# 15951455492			0	6/05/2015 18 : 41
FEC FORM 1	STATEMENT ORGANIZAT			PAGE 1 / 6
			Office Use	e Only
1. NAME OF		xample: If typing, type	12FE4M5	
COMMITTEE (in full)	<b>G ,</b>	ver the lines.		
Horizon Lines LLC As	sociates Good Gov't Fu	Ind (Horizon Lines	Associates Goo	d Gov't Fund)
	2550 West Tyvola Road			
ADDRESS (number and street)	Suite 530, Coliseum 3			
is changed)	, Charlotte		NC 28217	
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRES				
(Check if address is changed)	mblankenship@horizonline	S.COM		
<i>o</i> ,	Optional Second E-Mail Address			
	wfarah@berkefarah.com			
COMMITTEE'S WEB PAGE ADD	PRESS (URL)			
2. DATE 06 / 05	D / Y Y Y Y 2015			
3. FEC IDENTIFICATION NU	MBER ► C C00385	179		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	s Statement and to the best of my	v knowledge and belief it is	true, correct and comp	lete.
Type or Print Name of Treasurer	Mark Blankenship			
Signature of Treasurer	Blankenship	[Electronically Filed]	ate 06 / 05	2015
	ous, or incomplete information may s ANY CHANGE IN INFORMATION SI			es of 2 U.S.C. §437g.
Office Use Only		For further information cont Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC	FORM 1 sed 06/2012)

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FEC FC	form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF (	COMMITTEE	
Candidat	te Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name of Candidate		
Candidate Party Affiliat	ation Sought: House Senate President	State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)		ocratic, Iblican, etc.) Part
Political A	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is
		oor Organization
	Membership Organization Trade Association Co	operative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Con	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	│	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Horizon Lines LLC Associates Good Gov't Fund (Horizon Lines Associates Good Gov't Fund)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Horizon Lines Holding	Corp. (corporate owner / member of Horiz	on Lines, LLC)						
Mailing Address	2550 West Tyvola Road							
	Suite 530, Coliseum 3							
	Charlotte	NC 28217						
	CITY	STATE ZIP CODE						
Relationship: 🗙 Connected Organization 🚺 Affiliated Committee 🚺 Joint Fundraising Representative 🚺 Leadership PAC Sponsor								

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Mark Blan	kenship
Full Name	
Mailing Address	2550 West Tyvola Road
	Suite 530, Coliseum 3
	Charlotte         NC         28217
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number     704     973     7081

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Mark Blankenship
Mailing Address	2550 West Tyvola Road
	Suite 530, Coliseum 3
	Charlotte         NC         28217
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent		I			1							I	I	I													
Mailing Address																											
																				L							
							CI	ΓY									STA	ΤE				ZII	P (	DE			
Title or Position																											
												Tele	eph	ione	e ni	umt	ber										

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

B	Bank of America	
Mailing Address	101 Sout Tryon St	
	Charlotte	NC 28202
	CITY	STATE ZIP CODE
Name of Bank, Dep	pository, etc.	
L		
Mailing Address		
	CITY	STATE ZIP CODE

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

	ed 06/2011)		Page 5
Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository,	intains funds.		lds accounts, rents
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE
=	Organization, Affiliated Committee, Joint Fundraisin Ierto Rico, Inc. (corporate owner / me		
Mailing Address	2550 West Tyvola Road		
-	Suite 530, Coliseum 3		
		NC 29	3217
	Charlotte		
alationchin			
elationship: Connected Organization			
•			
			<b>ZIP CODE</b>
Connected Organization Designated Agent			<b>ZIP CODE</b>
Connected Organization Designated Agent Full Name			<b>ZIP CODE</b>
Connected Organization Designated Agent Full Name			<b>ZIP CODE</b>
Connected Organization Designated Agent Full Name			<b>ZIP CODE</b>
Connected Organization Designated Agent Full Name Mailing Address	CITY	state	–

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised	06/2011)		Page 6
Banks or Other Depositorie safety deposit boxes or maint Name of Bank, Depository, et	ains funds.		ls accounts, rents
			]
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	ganization, Affiliated Committee, Joint Fundraisin	ng Representative, or Leaders	[ ADDITIONAL ] ship PAC Sponsor
	555 12TH STREET		
Mailing Address	8TH FLOOR		
	CITY	STATE	ZIP CODE 📥
Relationship: Connected Organization	X Affiliated Committee	ng Representative	rship PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Mailing Address			
Title or Position	CITY 🌢	STATE	ZIP CODE
	т	elephone number	
Joint Fundraiser Participan	t	[	ADDITIONAL ]

C