

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
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

ADDRESS (number and street) One O-I Plaza
One Michael Owens Way
 Check if different than previously reported. (ACC)
Perrysburg OH 43551-2999

2. **FEC IDENTIFICATION NUMBER** C00034330
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 04 01 2008 through 06 30 2008

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 JENNIFER L VANCIL
Signature of Treasurer Electronically Filed by JENNIFER L VANCIL Date 07 15 2008

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		39421.13
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	41963.13									
(c) Total Receipts (from Line 19)	7000.00	13042.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48963.13	52463.13								
7. Total Disbursements (from Line 31)	11000.00	14500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37963.13	37963.13								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	1680.00	1860.00
(i) Itemized (use Schedule A)	5320.00	11182.00
(ii) Unitemized	7000.00	13042.00
(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)	7000.00	13042.00
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))	7000.00	13042.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7000.00	13042.00

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) 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.....	10300.00	13800.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	700.00	700.00
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))..	11000.00	14500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	14500.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	7000.00	13042.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7000.00	13042.00
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: PAGE 6 / 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"/> 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)
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

A.

Full Name (Last, First, Middle Initial)
John Bachey

Mailing Address 270 Riverside Dr

City State Zip Code
Rossford OH 43460

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

Name of Employer OWENS-ILLINOIS, INC Occupation VP Sales & Marketing-N America

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.14615

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
John Bachey

Mailing Address 270 Riverside Dr

City State Zip Code
Rossford OH 43460

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

Name of Employer OWENS-ILLINOIS, INC Occupation VP Sales & Marketing-N America

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.14724

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
James W Baehren

Mailing Address 4656 Dovewood Lane

City State Zip Code
Sylvania OH 43560

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

Name of Employer OWENS-ILLINOIS, INC Occupation Sr VP - General Counsel & Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.14508

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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: PAGE 7 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

<p>A. Full Name (Last, First, Middle Initial) James W Baehren</p> <p>Mailing Address 4656 Dovewood Lane</p> <p>City State Zip Code Sylvania OH 43560</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer OWENS-ILLINOIS, INC Occupation Sr VP - General Counsel & Secr</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 05 / 30 / 2008</p> <p>Transaction ID: SA11AI.14616</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>B. Full Name (Last, First, Middle Initial) James W Baehren</p> <p>Mailing Address 4656 Dovewood Lane</p> <p>City State Zip Code Sylvania OH 43560</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer OWENS-ILLINOIS, INC Occupation Sr VP - General Counsel & Secr</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 06 / 30 / 2008</p> <p>Transaction ID: SA11AI.14725</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Stephen P Bramlage, Jr.</p> <p>Mailing Address 7761 Honeysuckle Lane</p> <p>City State Zip Code Maumee OH 43537</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer OWENS-ILLINOIS, INC Occupation VP Treasurer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 06 / 30 / 2008</p> <p>Transaction ID: SA11AI.14735</p> <p>Amount of Each Receipt this Period 40.00</p>
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SUBTOTAL of Receipts This Page (optional)	240.00
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: PAGE 8 / 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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

A.

Full Name (Last, First, Middle Initial)
John J McMackin

Mailing Address 5 W. Melrose Street

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
OWENS-ILLINOIS INC Board of Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2008

Transaction ID: SA11AI.14721

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Daniel K Steen

Mailing Address 6100 North 30th Street

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
OWENS-ILLINOIS, INC Director-Federal Government Af

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: SA11AI.14597

Amount of Each Receipt this Period
80.00

C.

Full Name (Last, First, Middle Initial)
Daniel K Steen

Mailing Address 6100 North 30th Street

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
OWENS-ILLINOIS, INC Director-Federal Government Af

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: SA11AI.14705

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ► 1160.00

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:		PAGE 9 / 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)
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

A.	Full Name (Last, First, Middle Initial) Daniel K Steen		Date of Receipt	
	Mailing Address 6100 North 30th Street		M M / D D / Y Y Y Y 06 / 30 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.14814
	Arlington	VA	22207	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		80.00	
Name of Employer OWENS-ILLINOIS, INC		Occupation Director-Federal Government Af		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00		

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	1680.00

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)
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

<p>A. Full Name (Last, First, Middle Initial) AMERICA WORKS PAC</p> <p>Mailing Address PO Box 76187 Suite 800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name AMERICA WORKS PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14492</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE</p> <p>Mailing Address 424 C Street NE Basement UNIT</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name FREEDOM PROJECT; THE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14489</p> <p>Date of Disbursement 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER</p> <p>Mailing Address PO BOX 641751</p> <p>City LOS ANGELES State CA Zip Code 90064</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name FRIENDS OF BARBARA BOXER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14494</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

A. Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS <hr/> Mailing Address PO BOX 586 <hr/> City HELENA State MT Zip Code 59624 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name FRIENDS OF MAX BAUCUS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14486 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) GERRY CONNOLLY FOR CONGRESS <hr/> Mailing Address PO BOX 563 <hr/> City MERRIFIELD State VA Zip Code 22116 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name GERRY CONNOLLY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14496 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008 COMMITTEE <hr/> Mailing Address 1235 S. CLARK ST. <hr/> City ARLINGTON State VA Zip Code 22202 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JOHN MCCAIN 2008 COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14483 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4300.00
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)
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

A.	Full Name (Last, First, Middle Initial) MORAN FOR CONGRESS	Transaction ID: SB23.14488 Date of Disbursement 04 / 22 / 2008
	Mailing Address PO Box 2518	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22301	
	Purpose of Disbursement CONTRIBUTION Candidate Name MORAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 08	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) STEPHANIE TUBBS JONES FOR US CONGRESS	Transaction ID: SB23.14498 Date of Disbursement 05 / 23 / 2008
	Mailing Address 3729 SILSBY RD	Amount of Each Disbursement this Period 1000.00
	City UNIVERSITY HEIGHTS State OH Zip Code 44118	
	Purpose of Disbursement CONTRIBUTION Candidate Name STEPHANIE TUBBS JONES FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

10300.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

A.	Full Name (Last, First, Middle Initial) MARK WAGONER	Transaction ID: SB29.14491
	Mailing Address 7445 AIRPORT HGWY	Date of Disbursement MM / DD / YYYY 04 / 22 / 2008
	City HOLLAND State OH Zip Code 43528	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION	011 Category/ Type
	Candidate Name MARK WAGONER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 46	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) MARK WAGONER	Transaction ID: SB29.14500
	Mailing Address 7445 AIRPORT HGWY	Date of Disbursement MM / DD / YYYY 06 / 19 / 2008
	City HOLLAND State OH Zip Code 43528	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement CONTRIBUTION	011 Category/ Type
	Candidate Name MARK WAGONER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 46	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

700.00

TOTAL This Period (last page this line number only) ►

700.00