

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 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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 10 01 2010 through 11 22 2010

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 12 01 2010

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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		39630.13
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	40441.79									
(c) Total Receipts (from Line 19)	2024.33	23335.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42466.12	62966.12								
7. Total Disbursements (from Line 31)	4000.00	24500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38466.12	38466.12								
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**

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	1194.33	11577.99
(ii) Unitemized	830.00	11758.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2024.33	23335.99
(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)	2024.33	23335.99
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))	2024.33	23335.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2024.33	23335.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	4000.00	21000.00
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.....	0.00	3500.00
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))..	4000.00	24500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	24500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	2024.33	23335.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2024.33	23335.99
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 / 14
	<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) James W Baehren	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 4656 Dovewood Lane	Transaction ID: SA11AI.18003
	City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OWENS-ILLINOIS, INC Sr VP - General Counsel & Secr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Stephen P Bramlage	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 7761 Honeysuckle Lane	Transaction ID: SA11AI.18011
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OWENS-ILLINOIS, INC. Finance VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Anthony R Caracciolo	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 8021 South Bridge Way	Transaction ID: SA11AI.18015
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OWENS-ILLINOIS, INC VP(GCNA)Cat Dir-Food & Bev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	180.00
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 7 / 14
	<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)
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

A.	Full Name (Last, First, Middle Initial) Jeffrey D Cathcart		Date of Receipt
	Mailing Address 228 Stone Oak Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Holland	OH	43528
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.18016
Name of Employer OWENS-ILLINOIS, INC		Occupation VP(GCNA) Area Mfg Mgr	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 400.00	

B.	Full Name (Last, First, Middle Initial) Leslie Richard Crawford		Date of Receipt
	Mailing Address 7342 Oak Hill Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Sylvania	OH	43560
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.18020
Name of Employer OWENS-ILLINOIS, INC		Occupation Corporate Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 400.00	

C.	Full Name (Last, First, Middle Initial) Rodney S Detmer		Date of Receipt
	Mailing Address 111 Oak Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Clayton	CA	94517
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.18025
Name of Employer OWENS-ILLINOIS, INC		Occupation VP(GCNA)Area Mfg Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 400.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 14
(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) Oscar A Enriquez		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 1120 Castile Ave		Transaction ID: SA11AI.18028
City State Zip Code Coral Gables FL 33134	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer OWENS-ILLINOIS, INC	Occupation Senior Management-VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Arleen K Giughello		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 75 Aspen Lane		Transaction ID: SA11AI.18036
City State Zip Code Clarion PA 16214	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer OWENS-ILLINOIS, INC	Occupation Materials Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Cameron W Heasley		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 137 Canterbury Dr		Transaction ID: SA11AI.18039
City State Zip Code Charlotte MI 48813-9799	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer OWENS-ILLINOIS, INC	Occupation Plant Manager - Charlotte	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	85.00
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 / 14
(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

A. Full Name (Last, First, Middle Initial)
Steven Jenkins
 Mailing Address 8730 N Stone Millrd
 City State Zip Code
 Sylvania OH 43560
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 1 0
Transaction ID: SA11AI.18047
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OWENS-ILLINOIS, INC VP(GCNA)Area Mfg Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

B. Full Name (Last, First, Middle Initial)
Michael J Korte
 Mailing Address 1218 Alexandria Blvd
 City State Zip Code
 Bowling Green OH 43402
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 1 0
Transaction ID: SA11AI.18049
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OWENS-ILLINOIS, INC Asst Treas&Dir Glbl Rsk Mgt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

C. Full Name (Last, First, Middle Initial)
Hubert M Lontz
 Mailing Address 3009 River Oaks Dr.
 City State Zip Code
 Muskogee OK 74403
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 1 0
Transaction ID: SA11AI.18053
 Amount of Each Receipt this Period
 40.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OWENS-ILLINOIS, INC. Plt Mgr
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

SUBTOTAL of Receipts This Page (optional) ► 100.00
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 10 / 14
(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)
Kenneth W Lovejoy

Mailing Address 3947 Magnolia Circle

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
OWENS-ILLINOIS, INC VP(GGT)Manager-Facilities Eng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 529.99

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.18054

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Stephen P Malia

Mailing Address 7145 Oak Bluff Lane

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
OWENS-ILLINOIS, INC Sr VP Chief Human Res Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.18055

Amount of Each Receipt this Period
60.00

C.

Full Name (Last, First, Middle Initial)
Timothy J McAshlan

Mailing Address 26270 Chapelgate Court

City State Zip Code
Perrysburg OH 43551

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

Name of Employer Occupation
OWENS-ILLINOIS, INC Supply Chain Network Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.18058

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **183.33**

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 11 / 14
(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)
Shaun P McMackin

Mailing Address 7432 Scandanavia Drive

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
OWENS-ILLINOIS, INC VP (GCNA) Manufacturing Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2010

Transaction ID: SA11AI.18059

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Douglas Edward Pittman

Mailing Address 4544 Donrobin Ave

City State Zip Code
Lakewood CA 90713

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

Name of Employer Occupation
OWENS-ILLINOIS, INC Plant Superintendant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: SA11AI.18087

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
James R Seiwert

Mailing Address 828 Heritage Lane

City State Zip Code
Waterville OH 43566

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

Name of Employer Occupation
OWENS-ILLINOIS, INC Director -State & Local Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2010

Transaction ID: SA11AI.18072

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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 12 / 14
(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

A. 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 OWENS-ILLINOIS, INC Occupation Director-Federal Government Af

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1808.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.18075

Amount of Each Receipt this Period
416.00

B. Full Name (Last, First, Middle Initial)
Lloyd W Taylor

Mailing Address 872 Loomfixer Lake Road

City State Zip Code
Danville VA 24541

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

Name of Employer OWENS-ILLINOIS, INC Occupation Plant Manager - Danville

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.18077

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **446.00**

TOTAL This Period (last page this line number only) ► **1194.33**

**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) ARCURI FOR CONGRESS			Transaction ID: SB23.17996 Date of Disbursement																					
	Mailing Address P.O. Box 8508			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	1	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	0	/	2	1	/	2	0	1	0															
City Utica		State NY	Zip Code 13505		Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<table border="1"> <tr> <td>011</td> </tr> </table>			011	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																		
011																									
1000.00																									
Candidate Name ARCURI FOR CONGRESS		Category/Type																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: NY District: 24																									
B.	Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS			Transaction ID: SB23.17994 Date of Disbursement																					
	Mailing Address PO Box 2408			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	1	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	0	/	2	1	/	2	0	1	0															
City Loveland		State CO	Zip Code 80539		Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<table border="1"> <tr> <td>011</td> </tr> </table>			011	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																		
011																									
1000.00																									
Candidate Name GARDNER FOR CONGRESS		Category/Type																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: CO District: 04																									
C.	Full Name (Last, First, Middle Initial) KAPTUR FOR CONGRESS			Transaction ID: SB23.17997 Date of Disbursement																					
	Mailing Address P.O. Box 899 P.O. Box 899			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	7	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	0	/	2	7	/	2	0	1	0															
City Toledo		State OH	Zip Code 43697		Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<table border="1"> <tr> <td>011</td> </tr> </table>			011	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																		
011																									
1000.00																									
Candidate Name KAPTUR FOR CONGRESS		Category/Type																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: OH District: 09																									

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 14 / 14

<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)
ZACK SPACE FOR CONGRESS COMMITTEE

Transaction ID: SB23.17993

Date of Disbursement

Mailing Address 726 Sixteenth Street NE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

City State Zip Code
Massillon OH 44646

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION

011
Category/ Type

Candidate Name
ZACK SPACE FOR CONGRESS COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 18

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

4000.00
