

**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**

CITY

STATE

ZIP CODE

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

07

01

2009

through

12

31

2009

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

01

29

2009

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

FEC Form 3X (Rev. 02/2003)

2 / 33

Write or Type Committee Name

OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 9

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		37753.13
(b) Cash on Hand at Beginning of Reporting Period	39816.13	
(c) Total Receipts (from Line 19)	10714.00	21577.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50530.13	59330.13
7. Total Disbursements (from Line 31)	10900.00	19700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39630.13	39630.13
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

FEC Form 3X (Rev. 06/2004)

3 / 33

Write or Type Committee Name

OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

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)	3945.00	4305.00
(ii) Unitemized	6769.00	17272.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10714.00	21577.00
(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)	10714.00	21577.00
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))	10714.00	21577.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10714.00	21577.00

DETAILED SUMMARY PAGE

of Disbursements

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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.....	8900.00	14900.00	
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.....	2000.00	4800.00	
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))..	10900.00	19700.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10900.00	19700.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 33

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)	10714.00	21577.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10714.00	21577.00
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 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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

Mailing Address 4656 Dovewood Lane

City

Sylvania

State

OH

Zip Code

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 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16568

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

James W Baehren

Mailing Address 4656 Dovewood Lane

City

Sylvania

State

OH

Zip Code

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16569

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

James W Baehren

Mailing Address 4656 Dovewood Lane

City

Sylvania

State

OH

Zip Code

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16570

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

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 / 33

(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)

James W Baehren

Mailing Address 4656 Dovewood Lane

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Sr VP - General Counsel & Secr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16853

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

James W Baehren

Mailing Address 4656 Dovewood Lane

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Sr VP - General Counsel & Secr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16854

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

James W Baehren

Mailing Address 4656 Dovewood Lane

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Sr VP - General Counsel & Secr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16855

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 33

(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)

Stephen P Bramlage

Mailing Address 7761 Honeysuckle Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owens-Illinois, Inc.

Occupation
Finance VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16602

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Stephen P Bramlage

Mailing Address 7761 Honeysuckle Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owens-Illinois, Inc.

Occupation
Finance VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16883

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Stephen P Bramlage

Mailing Address 7761 Honeysuckle Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owens-Illinois, Inc.

Occupation
Finance VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16884

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 33

(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)

Stephen P Bramlage

Mailing Address 7761 Honeysuckle Lane

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owens-Illinois, Inc.

Occupation
Finance VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16885

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Anthony R Caracciolo

Mailing Address 8021 South Bridge Way

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation
VP(GCNA)Cat Dir-Food & Bev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16614

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Anthony R Caracciolo

Mailing Address 8021 South Bridge Way

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation
VP(GCNA)Cat Dir-Food & Bev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16895

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33

(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)

Anthony R Caracciolo

Mailing Address 8021 South Bridge Way

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GCNA)Cat Dir-Food & Bev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16896

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Anthony R Caracciolo

Mailing Address 8021 South Bridge Way

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GCNA)Cat Dir-Food & Bev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16897

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey D Cathcart

Mailing Address 228 Stone Oak Court

City

Holland

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GCNA) Area Mfg Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16617

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 33

(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)

Jeffrey D Cathcart

Mailing Address 228 Stone Oak Court

City

Holland

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GCNA) Area Mfg Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16898

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey D Cathcart

Mailing Address 228 Stone Oak Court

City

Holland

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GCNA) Area Mfg Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16899

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey D Cathcart

Mailing Address 228 Stone Oak Court

City

Holland

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GCNA) Area Mfg Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16900

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

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 / 33

(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)

Leslie Richard Crawford

Mailing Address 7342 Oak Hill Drive

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Corporate Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16629

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Leslie Richard Crawford

Mailing Address 7342 Oak Hill Drive

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Corporate Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16910

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Leslie Richard Crawford

Mailing Address 7342 Oak Hill Drive

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Corporate Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16911

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

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 13 / 33

(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)

Leslie Richard Crawford

Mailing Address 7342 Oak Hill Drive

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Corporate Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16912

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Rodney S Detmer

Mailing Address 111 Oak Court

City

Clayton

State

CA

Zip Code

94517

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GCNA)Area Mfg Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16647

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Rodney S Detmer

Mailing Address 111 Oak Court

City

Clayton

State

CA

Zip Code

94517

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GCNA)Area Mfg Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16928

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

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 14 / 33

(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)

Rodney S Detmer

Mailing Address 111 Oak Court

City

Clayton

State

CA

Zip Code

94517

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GCNA)Area Mfg Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16929

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Rodney S Detmer

Mailing Address 111 Oak Court

City

Clayton

State

CA

Zip Code

94517

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GCNA)Area Mfg Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16930

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Oscar A Enriquez

Mailing Address 1120 Castile Ave

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Senior Management-VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16939

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

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 15 / 33

(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)

Arleen K Giughello

Mailing Address 75 Aspen Lane

City

Clarion

State

PA

Zip Code

16214

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Materials Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16961

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Arleen K Giughello

Mailing Address 75 Aspen Lane

City

Clarion

State

PA

Zip Code

16214

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Materials Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16962

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Arleen K Giughello

Mailing Address 75 Aspen Lane

City

Clarion

State

PA

Zip Code

16214

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Materials Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16963

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

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 16 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Truman A Greenwood

Mailing Address 4325 Mockingbird Ln.

City

Toledo

State

OH

Zip Code

43623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spengler Nathanson

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.17126

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Cameron W Heasley

Mailing Address 137 Canterbury Dr

City

Charlotte

State

MI

Zip Code

48813-9799

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation
Plant Manager - Charlotte

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16972

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Cameron W Heasley

Mailing Address 137 Canterbury Dr

City

Charlotte

State

MI

Zip Code

48813-9799

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation
Plant Manager - Charlotte

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16973

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

560.00

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 17 / 33

(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)

Cameron W Heasley

Mailing Address 137 Canterbury Dr

City

Charlotte

State

MI

Zip Code

48813-9799

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Plant Manager - Charlotte

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.16974

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Steven Jenkins

Mailing Address 8730 N Stone Millrd

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GCNA)Area Mfg Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.16996

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Steven Jenkins

Mailing Address 8730 N Stone Millrd

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GCNA)Area Mfg Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.16997

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

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 18 / 33

(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

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GCNA)Area Mfg Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16998

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Michael J Korte

Mailing Address 1218 Alexandria Blvd

City

Bowling Green

State

OH

Zip Code

43402

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Asst Treas&Dir Gbl Rsk Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17005

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Michael J Korte

Mailing Address 1218 Alexandria Blvd

City

Bowling Green

State

OH

Zip Code

43402

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Asst Treas&Dir Gbl Rsk Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17006

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

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 19 / 33

(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)

Michael J Korte

Mailing Address 1218 Alexandria Blvd

City

Bowling Green

State

OH

Zip Code

43402

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Asst Treas&Dir Gbl Rsk Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.17007

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Hubert M Lontz

Mailing Address 3009 River Oaks Dr.

City

Muskogee

State

OK

Zip Code

74403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owens-Illinois, Inc.

Occupation

Plt Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.16734

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Hubert M Lontz

Mailing Address 3009 River Oaks Dr.

City

Muskogee

State

OK

Zip Code

74403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owens-Illinois, Inc.

Occupation

Plt Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.17017

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

110.00

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 20 / 33

(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)

Hubert M Lontz

Mailing Address 3009 River Oaks Dr.

City

Muskogee

State

OK

Zip Code

74403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owens-Illinois, Inc.

Occupation
Plt Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17018

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Hubert M Lontz

Mailing Address 3009 River Oaks Dr.

City

Muskogee

State

OK

Zip Code

74403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owens-Illinois, Inc.

Occupation
Plt Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.17019

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Kenneth W Lovejoy

Mailing Address 3947 Magnolia Circle

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation
VP(GGT)Manager-Facilities Eng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16737

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

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 21 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Kenneth W Lovejoy

Mailing Address 3947 Magnolia Circle

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GGT)Manager-Facilities Eng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17020

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Kenneth W Lovejoy

Mailing Address 3947 Magnolia Circle

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GGT)Manager-Facilities Eng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17021

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Kenneth W Lovejoy

Mailing Address 3947 Magnolia Circle

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP(GGT)Manager-Facilities Eng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.17022

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

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 22 / 33

(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)

Stephen P Malia

Mailing Address 7145 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Sr VP Chief Human Res Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16738

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Stephen P Malia

Mailing Address 7145 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Sr VP Chief Human Res Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16739

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Stephen P Malia

Mailing Address 7145 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Sr VP Chief Human Res Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16740

Amount of Each Receipt this Period

60.00

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: PAGE 23 / 33

(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)

Stephen P Malia

Mailing Address 7145 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Sr VP Chief Human Res Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17023

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Stephen P Malia

Mailing Address 7145 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Sr VP Chief Human Res Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17024

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Stephen P Malia

Mailing Address 7145 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Sr VP Chief Human Res Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.17025

Amount of Each Receipt this Period

60.00

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: PAGE 24 / 33

(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)

Timothy J McAshlan

Mailing Address 26270 Chapelgate Court

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Supply Chain Network Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16749

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Timothy J McAshlan

Mailing Address 26270 Chapelgate Court

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Supply Chain Network Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17032

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Timothy J McAshlan

Mailing Address 26270 Chapelgate Court

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Supply Chain Network Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17033

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

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 25 / 33

(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)

Timothy J McAshlan

Mailing Address 26270 Chapelgate Court

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Supply Chain Network Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.17034

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Shaun P McMackin

Mailing Address 7432 Scandanavia Drive

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP (GCNA) Manufacturing Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17035

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Shaun P McMackin

Mailing Address 7432 Scandanavia Drive

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP (GCNA) Manufacturing Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17036

Amount of Each Receipt this Period

30.00

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 26 / 33

(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)

Shaun P McMackin

Mailing Address 7432 Scandanavia Drive

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

VP (GCNA) Manufacturing Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.17037

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

James R Seiwert

Mailing Address 828 Heritage Lane

City

Waterville

State

OH

Zip Code

43566

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Director -State & Local Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16802

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

James R Seiwert

Mailing Address 828 Heritage Lane

City

Waterville

State

OH

Zip Code

43566

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Director -State & Local Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17083

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

110.00

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 27 / 33

(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)

James R Seiwert

Mailing Address 828 Heritage Lane

City

Waterville

State

OH

Zip Code

43566

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Director -State & Local Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17084

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

James R Seiwert

Mailing Address 828 Heritage Lane

City

Waterville

State

OH

Zip Code

43566

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Director -State & Local Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.17085

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Daniel K Steen

Mailing Address 6100 North 30th Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Director-Federal Government Af

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16812

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

160.00

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 28 / 33

(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

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Director-Federal Government Af

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.16813

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

Daniel K Steen

Mailing Address 6100 North 30th Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Director-Federal Government Af

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.16814

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

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Director-Federal Government Af

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17094

Amount of Each Receipt this Period

80.00

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 29 / 33

(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

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Director-Federal Government Af

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17095

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

Daniel K Steen

Mailing Address 6100 North 30th Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Director-Federal Government Af

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.17096

Amount of Each Receipt this Period

80.00

C.

Full Name (Last, First, Middle Initial)

Lloyd W Taylor

Mailing Address 872 Loomfixer Lake Road

City

Danville

State

VA

Zip Code

24541

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Plant Manager - Danville

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17102

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

190.00

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 30 / 33

(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)

Lloyd W Taylor

Mailing Address 872 Loomfixer Lake Road

City

Danville

State

VA

Zip Code

24541

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Plant Manager - Danville

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17103

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Lloyd W Taylor

Mailing Address 872 Loomfixer Lake Road

City

Danville

State

VA

Zip Code

24541

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWENS-ILLINOIS, INC

Occupation

Plant Manager - Danville

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.17104

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

3945.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 / 33

<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

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) AMERICA WORKS PAC <hr/> Mailing Address PO Box 76187 Suite 800 <hr/> City Washington State DC Zip Code 20013 <hr/> Purpose of Disbursement Contribution Contribution <input type="text" value="011"/> Category/Type Candidate Name AMERICA WORKS PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.17132 Date of Disbursement <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>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td>2400.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9	2400.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	4		2	0	0	9													
2400.00																						
B. Full Name (Last, First, Middle Initial) AMERIPAC <hr/> Mailing Address 140 COVANT #2 <hr/> City MANCHESTER State NH Zip Code 03102 <hr/> Purpose of Disbursement Contribution Contribution <input type="text" value="011"/> Category/Type Candidate Name AMERIPAC <hr/> Office Sought: <input 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: District:	Transaction ID: SB23.17133 Date of Disbursement <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>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	4		2	0	0	9													
2500.00																						
C. Full Name (Last, First, Middle Initial) FRIENDS OF GLENN THOMPSON <hr/> Mailing Address 198 PARK ROAD <hr/> City HOWARD State PA Zip Code 16841 <hr/> Purpose of Disbursement Contribution Contribution <input type="text" value="011"/> Category/Type Candidate Name FRIENDS OF GLENN THOMPSON <hr/> 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: PA District: 05	Transaction ID: SB23.17136 Date of Disbursement <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>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	5		2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)

5900.00

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 PageFOR LINE NUMBER:
(check only one)

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<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)

KAY HAGAN FOR US SENATE

Mailing Address PO BOX 29103

City
GREENSBOROState
NCZip Code
27429Purpose of Disbursement
Contribution

011

Category/
TypeCandidate Name
KAY HAGAN FOR US SENATEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.17138

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

LATTA FOR CONGRESS

Mailing Address 300 North Main Street

City
Bowling GreenState
OHZip Code
43402Purpose of Disbursement
Contribution

011

Category/
TypeCandidate Name
ROBERT EDWARD LATTAOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 05

Transaction ID: SB23.17130

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

WYDEN FOR SENATE

Mailing Address PO BOX 3498

City
PORTLANDState
ORZip Code
97208Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.17140

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

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)

8900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 / 33

<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)

Randy Gardner

Mailing Address 431 N. Prospect

City
Bowling GreenState
OHZip Code
43402Purpose of Disbursement
ContributionCandidate Name
Randy Gardner
☐ 010
☒ 011
 Category/
Type
Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 02

Transaction ID: SB29.17131

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	9

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

B.

Full Name (Last, First, Middle Initial)

MARK WAGONER

Mailing Address 7445 AIRPORT HGWY

City
HOLLANDState
OHZip Code
43528Purpose of Disbursement
ContributionCandidate Name
MARK WAGONER
☐ 010
☒ 011
 Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 46

Transaction ID: SB29.17129

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	9

Amount of Each Disbursement this Period

1	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00