

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 Check if different than previously reported. (ACC)

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, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer JENNIFER L VANCIL

Signature of Treasurer Electronically Filed by JENNIFER L VANCIL Date 10 13 2008

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		39421.13
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	37963.13									
(c) Total Receipts (from Line 19)	5948.00	18990.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43911.13	58411.13								
7. Total Disbursements (from Line 31)	6000.00	20500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37911.13	37911.13								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1615.00	3555.00
(i) Itemized (use Schedule A)	4333.00	15435.00
(ii) Unitemized	5948.00	18990.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5948.00	18990.00
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))	5948.00	18990.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5948.00	18990.00

DETAILED SUMMARY PAGE
of Disbursements

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.....	1500.00	15300.00
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.....	4500.00	5200.00
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))..	6000.00	20500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	20500.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	5948.00	18990.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5948.00	18990.00
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 / 18
(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)
John Bachey
 Mailing Address 270 Riverside Dr
 City Rossford State OH Zip Code 43460
 Date of Receipt 07 / 31 / 2008
Transaction ID: SA11AI.15170
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OWENS-ILLINOIS, INC Occupation VP Sales & Marketing-N America
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 350.00

B. Full Name (Last, First, Middle Initial)
John Bachey
 Mailing Address 270 Riverside Dr
 City Rossford State OH Zip Code 43460
 Date of Receipt 08 / 29 / 2008
Transaction ID: SA11AI.15171
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OWENS-ILLINOIS, INC Occupation VP Sales & Marketing-N America
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 400.00

C. Full Name (Last, First, Middle Initial)
John Bachey
 Mailing Address 270 Riverside Dr
 City Rossford State OH Zip Code 43460
 Date of Receipt 09 / 30 / 2008
Transaction ID: SA11AI.15172
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OWENS-ILLINOIS, INC Occupation VP Sales & Marketing-N America
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 450.00

SUBTOTAL of Receipts This Page (optional) ► 150.00
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 / 18
(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 State Zip Code
Sylvania OH 43560

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt MM / DD / YYYY
07 / 31 / 2008

Transaction ID: SA11AI.15173

Amount of Each Receipt this Period 100.00

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

Mailing Address 4656 Dovewood Lane

City State Zip Code
Sylvania OH 43560

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt MM / DD / YYYY
08 / 29 / 2008

Transaction ID: SA11AI.15174

Amount of Each Receipt this Period 100.00

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

Mailing Address 4656 Dovewood Lane

City State Zip Code
Sylvania OH 43560

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.15175

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 8 / 18
(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)
Thomas R Blythe

Mailing Address 8805 Oak Valley Rd

City State Zip Code
Holland OH 43528

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

Name of Employer OWENS-ILLINOIS, INC Occupation Director-Taxation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.15191

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Thomas R Blythe

Mailing Address 8805 Oak Valley Rd

City State Zip Code
Holland OH 43528

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

Name of Employer OWENS-ILLINOIS, INC Occupation Director-Taxation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

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

Transaction ID: SA11AI.15192

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
Thomas R Blythe

Mailing Address 8805 Oak Valley Rd

City State Zip Code
Holland OH 43528

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

Name of Employer OWENS-ILLINOIS, INC Occupation Director-Taxation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt

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

Transaction ID: SA11AI.15193

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: (check only one)	PAGE 9 / 18
	<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) Anthony R Caracciolo		Date of Receipt MM / DD / YYYY 07 / 31 / 2008		
	Mailing Address 8021 South Bridge Way		Transaction ID: SA11AI.15228		
	City Maumee	State OH	Zip Code 43537	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer OWENS-ILLINOIS, INC	Occupation 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 ▼ 280.00			

B.	Full Name (Last, First, Middle Initial) Anthony R Caracciolo		Date of Receipt MM / DD / YYYY 08 / 29 / 2008		
	Mailing Address 8021 South Bridge Way		Transaction ID: SA11AI.15229		
	City Maumee	State OH	Zip Code 43537	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer OWENS-ILLINOIS, INC	Occupation 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 ▼ 320.00			

C.	Full Name (Last, First, Middle Initial) Anthony R Caracciolo		Date of Receipt MM / DD / YYYY 09 / 30 / 2008		
	Mailing Address 8021 South Bridge Way		Transaction ID: SA11AI.15230		
	City Maumee	State OH	Zip Code 43537	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer OWENS-ILLINOIS, INC	Occupation 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 ▼ 360.00			

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 10 / 18
(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 State Zip Code
Holland OH 43528

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.15233

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 State Zip Code
Sylvania OH 43560

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

Name of Employer OWENS-ILLINOIS, INC Occupation Corporate Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15244

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 State Zip Code
Sylvania OH 43560

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

Name of Employer OWENS-ILLINOIS, INC Occupation Corporate Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.15245

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 11 / 18
(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) Leslie Richard Crawford		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 7342 Oak Hill Drive		Transaction ID: SA11AI.15246
City Sylvania	State OH	Zip Code 43560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer OWENS-ILLINOIS, INC	Occupation Corporate Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.

Full Name (Last, First, Middle Initial) Phyllis A Cresswell		Date of Receipt MM / DD / YYYY 08 / 29 / 2008
Mailing Address 1140 Brookwoode Rd		Transaction ID: SA11AI.15248
City Perrysburg	State OH	Zip Code 43551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer OWENS-ILLINOIS, INC	Occupation Mgr Quality Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Phyllis A Cresswell		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 1140 Brookwoode Rd		Transaction ID: SA11AI.15249
City Perrysburg	State OH	Zip Code 43551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer OWENS-ILLINOIS, INC	Occupation Mgr Quality Systems	
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)	▶	140.00
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 / 18
(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)
Rodney S Detmer

Mailing Address 111 Oak Court

City State Zip Code
Clayton CA 94517

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

Name of Employer Occupation
OWENS-ILLINOIS, INC VP(GCNA)Area Mfg Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **09 / 30 / 2008**

Transaction ID: SA11AI.15270

Amount of Each Receipt this Period **40.00**

B. Full Name (Last, First, Middle Initial)
Hubert M Lontz, Jr

Mailing Address 3009 River Oaks Dr.

City State Zip Code
Muskogee OK 74403

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

Name of Employer Occupation
OWENS-ILLINOIS INC Plt Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **09 / 30 / 2008**

Transaction ID: SA11AI.15360

Amount of Each Receipt this Period **40.00**

C. 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 ▼ **240.00**

Date of Receipt **09 / 30 / 2008**

Transaction ID: SA11AI.15363

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 / 18
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
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: 07 / 31 / 2008
Transaction ID: SA11AI.15364
 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: 08 / 29 / 2008
Transaction ID: SA11AI.15365
 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: 09 / 30 / 2008
Transaction ID: SA11AI.15366
 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 14 / 18
(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 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 ▼ 240.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.15375

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
David E McCormick

Mailing Address 613 Laguna Point

City State Zip Code
Holland OH 43528

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

Name of Employer Occupation
OWENS-ILLINOIS, INC VP(GCNA)Labor & HR Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.15378

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Philip J Rubin

Mailing Address O-I One Michael Owens Way PL2

City State Zip Code
Perrysburg OH 43551-2999

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

Name of Employer Occupation
OWENS-ILLINOIS, INC Senior Management-VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.15429

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **115.00**

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 / 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) James R Seiwert		Date of Receipt
	Mailing Address 828 Heritage Lane		<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
	Waterville	OH	43566
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15435
Name of Employer OWENS-ILLINOIS, INC		Occupation Director -State & Local Tax	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"/> 240.00	

B.	Full Name (Last, First, Middle Initial) Daniel K Steen		Date of Receipt
	Mailing Address 6100 North 30th Street		<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
	Arlington	VA	22207
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15448
Name of Employer OWENS-ILLINOIS, INC		Occupation Director-Federal Government Af	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"/> 80.00
		<input type="text"/> 560.00	

C.	Full Name (Last, First, Middle Initial) Daniel K Steen		Date of Receipt
	Mailing Address 6100 North 30th Street		<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
	Arlington	VA	22207
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15449
Name of Employer OWENS-ILLINOIS, INC		Occupation Director-Federal Government Af	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"/> 80.00
		<input type="text"/> 640.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 200.00
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 16 / 18	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Daniel K Steen		Date of Receipt	
Mailing Address 6100 North 30th Street		M M / D D / Y Y Y Y 09 / 30 / 2008	
City	State	Zip Code	Transaction ID: SA11AI.15450
Arlington	VA	22207	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		80.00	
Name of Employer OWENS-ILLINOIS, INC	Occupation Director-Federal Government Af		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00		

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	1615.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 18

<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) BOREN FOR CONGRESS	Transaction ID: SB23.15163
	Mailing Address PO BOX 149	Date of Disbursement 07 / 01 / 2008
	City OKEMAH State OK Zip Code 74859	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION	011 Category/ Type
	Candidate Name BOREN FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) GLENN THOMPSON	Transaction ID: SB23.15155
	Mailing Address 602 WALNUT STREET	Date of Disbursement 09 / 17 / 2008
	City HOWARD State PA Zip Code 16841	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	011 Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

1500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) Citizens for Gardner <hr/> Mailing Address 431 N. Prospect St. <hr/> City Bowling Green State OH Zip Code 43402 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Citizens for Gardner Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.15162 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008
B. Full Name (Last, First, Middle Initial) MATTHEW J DOLAN <hr/> Mailing Address 865 MACON ALLEY <hr/> City COLUMBUS State OH Zip Code 43206 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MATTHEW J DOLAN Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 98	Transaction ID: SB29.15158 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008
C. Full Name (Last, First, Middle Initial) TED STRICKLAND <hr/> Mailing Address 340 E. FULTON <hr/> City COLOMBUS State OH Zip Code 43215 <hr/> Purpose of Disbursement contribution Candidate Name TED STRICKLAND FOR GOVERNOR 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: OH District:	Transaction ID: SB29.15152 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	4500.00