



**OWENS-ILLINOIS**  
Toledo, Ohio

U.S. POSTAL SERVICE  
FEDERAL ELECTION COMMISSION MAIL ROOM

AUG 3 9 49 AM '99

July 27, 1999

Office of Public Records  
Federal Election Commission  
999 E. Street, N.W.  
Washington, D.C. 20463

RE: ID #C00034330  
July 31 Mid Year Report  
Period 1/1/99-6/30/99

Gentlemen:

Enclosed is our Mid Year Report as required by FEC regulations. This report covers the period January 1, 1999 through June 30, 1999.

Sincerely,

  
John E. Hoff  
Treasurer

Enclosure:

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

AUG 3 9 45 AM '93

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Owens-Illinois Employees Good Citizenship Fund		2. FEC IDENTIFICATION NUMBER #C00034330 <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported One SeaGate		
CITY, STATE and ZIP CODE Toledo, OH 43666		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

### Monthly Report Due On:

- February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A	COLUMN B
Covering Period		This Period	Calendar Year-to-Date
5.	1/1/99 through 6/30/99		\$ 4,746.77
6.	(a) Cash on Hand January 1, 1999	\$ 4,746.77	
	(b) Cash on Hand at Beginning of Reporting Period	\$ 11,620.54	\$ 11,620.54
	(c) Total Receipts (from Line 19)	\$ 16,367.31	\$ 16,367.31
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 13,280.72	\$ 13,280.72
7.	Total Disbursements (from Line 20)	\$ 3,086.59	\$ 3,086.59
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$	
9.	Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10.	Debits and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 2,477.03	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20465  
Toll Free 800-424-9630  
Local 202-694-1100

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 John E. Hoff	Date 7/27/99
Signature of Treasurer 	

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

FEC FORM 3X  
(revised 9/93)

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Owens-Illinois Employees Good Citizenship Fund		REPORT COVERING PERIOD FROM: 1/1/99 TO: 6/30/99	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		3,312.00	3,312.00
i. Itemized (use Schedule A)		8,308.54	8,308.54
ii. Unitemized			
iii. Total (add i and ii) >		11,620.54	11,620.54
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a, b, c and d) >		11,620.54	11,620.54
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity		11,620.54	11,620.54
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		11,620.54	11,620.54
20. Total Federal Receipts (subtract line 18 from line 19) >			
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		30.72	30.72
ii. Non-Federal Share			
b. Other Federal Operating Expenditures (add a, i, ii, and b) >		30.72	30.72
c. Total Operating Expenditures			
22. Transfers to Affiliated/Other Party Committees		6,250.00	6,250.00
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		6,000.00	6,000.00
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >		1,000.00	1,000.00
29. Other Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		13,280.72	13,280.72
30. Total Disbursements (subtract line 21 a ii from line 30) >		13,280.72	13,280.72
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		11,620.54	11,620.54
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)		11,620.54	11,620.54
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		30.72	30.72
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >		30.72	30.72

**SCHEDULE A**

**ITEMIZED RECEIPTS**

PAGE 1 OF 1  
FOR LINE #  
11 (a) (i)

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.

Receipt For: Primary General Other

**NAME OF COMMITTEE:  
OWENS-ILLINOIS, INC. EMPLOYEES GOOD CITIZENSHIP FUND**

Full Name, Address:	Employer:	Date:	Amnt of:
R. A. Smith 29728 Waterbury Circle Perrysburg, OH 43551	Owens-Illinois, Inc. & Its Subsidiaries VP Area Mgr Aggregate YTD: 600.00	06/30/99	600.00
P. McWeany 4515 River Road Toledo, OH 43606	Owens-Illinois, Inc. & Its Subsidiaries Gen Counsel Aggregate YTD: 300.00	06/30/99	300.00
M. D. McDaniel 3707 River Road Toledo, OH 43614	Owens-Illinois, Inc. & Its Subsidiaries VP Closure Mfg Aggregate YTD: 420.00	06/30/99	420.00
J. W. Hysong 1363 Treasure Lake DuBois, PA 15801	Owens-Illinois, Inc. & Its Subsidiaries Plant Manager-Crenshaw Aggregate YTD: 288.00	06/30/99	288.00
R. S. Trumbull 2587 Old Brookside Toledo, OH 43616	Owens-Illinois, Inc. & Its Subsidiaries Exec VP Int'l Operations Aggregate YTD: 240.00	06/30/99	240.00
James Baehren 7812 Therfield Sylvania, OH 43560	Owens-Illinois, Inc. & Its Subsidiaries Legal Aggregate YTD: 384.00	06/30/99	384.00
David Van Hooser 4942 Dauber Dr. West Toledo, OH 43615	Owens-Illinois, Inc. & Its Subsidiaries VP Finance Aggregate YTD: 300.00	06/30/99	300.00
Vincent Saml Jr. 19 Willow Creek Drive Highland, IL 62249	Owens-Illinois, Inc. & Its Subsidiaries Plant Mgr. Aggregate YTD: 240.00	06/30/99	240.00
Dennis Silvis 3007 Michael Rd. Muskogee, OK 74403	Owens-Illinois, Inc. & Its Subsidiaries Plant Mgr. Aggregate YTD: 240.00	06/30/99	240.00
Phyllis Cresswell 1512 Riverview Ct Perrysburg, OH 43551	Owens-Illinois, Inc. & Its Subsidiaries  Aggregate YTD: 300.00	06/30/99	300.00
<b>TOTAL THIS PERIOD</b>			<b>3,312.00</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

Owens-Illinois Employees Good Citizenship Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Gillmor for Congress P. O. Box 910 Port Clinton, OH 43452	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/99	250.00
B. Full Name, Mailing Address and ZIP Code DeWine for US Senate P. O. Box 340188 Columbus, OH 43234-0188	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/99	2,000.00
C. Full Name, Mailing Address and ZIP Code John McCain for President Exploratory Committee 513 Capitol Court Suite 100 Washington, DC 20002	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/99	1,000.00
D. Full Name, Mailing Address and ZIP Code DeWine for US Senate P. O. Box 340188 Columbus, OH 4324-0188	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <i>1/2 3000</i>	5/7/99	3,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

6,250.00

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

6,250.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

"Other"

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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**NAME OF COMMITTEE (In Full)**

Owens-Illinois Employees Good Citizenship Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Montgomery Campaign Committee Timothy P. Branand, Treasurer 211 South Fifth Street Columbus, OH 43215	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

1,000.00

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

1,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 26

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 Employees Good Citizenship Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fifth Third Bank 606 Madison Avenue Toledo, OH 43604	Loan Repayment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/2/99	1,000.00
Fifth Third Bank 606 Madison Avenue Toledo, Ohio 43604	Loan Repayment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/2/99	1,000.00
Fifth Third Bank 606 Madison Avenue Toledo, OH 43604	Loan Repayment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/99	1,000.00
Fifth Third Bank 606 Madison Avenue Toledo, OH 43604	Loan Repayment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/2/99	1,000.00
Fifth Third Bank 606 Madison Avenue Toledo, OH 43604	Loan Repayment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/2/99	1,000.00
Fifth Third Bank 606 Madison Avenue Toledo, OH 43604	Loan Repayment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/99	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

6,000.00

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

6,000.00

**LOANS**

Name of Committee (in Full) <b>Owens-Illinois Employees Good Citizenship Fund</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>Fifth Third Bank of Northwestern Ohio NA</b> <b>P. O. Box 1868</b> <b>Toledo, Ohio 43603</b>	Original Amount of Loan  <b>10,000.00</b>	Cumulative Payment To Date  <b>7,522.97</b>	Balance Outstanding at Close of This Period  <b>2,477.03</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			
Terms: Date Incurred <u>10/16/98</u> Date Due <u>10/7/99</u> Interest Rate <u>8</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source  Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			2,477.03
TOTALS This Period (last page in this line only) .....			2,477.03

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7/30/99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	8/3/99 DATE PREPARED