

July 15, 1994

JUL 15 12 02 PM '94

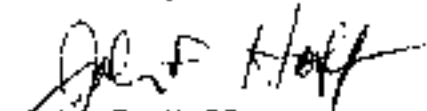
Office of Public Records  
Federal Election Commission  
999 E. Street, N.W.  
Washington, D.C. 20463

RE: ID #C00034330  
Year-End 4/1/94 through 6/30/94

Gentlemen:

Enclosed is our Quarterly 1994 report as required by FEC regulations. This report covers the period April 1, through June 30, 1994.

Sincerely,

  
John E. Hoff  
Treasurer

Enclosure:

0 2 1 4 1 3 0

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

*Jul 13 12 02 in '94*

1. NAME OF COMMITTEE (in full) <b>Owens-Illinois, Inc. Employees Good Citizenship Fund</b>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>One SeaGate</b>	2. FEC IDENTIFICATION NUMBER <b>#C00034330</b>
CITY, STATE and ZIP CODE <b>Toledo, OH 43666</b>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/94</u> through <u>6/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 41,343.28
(b) Cash on Hand at Beginning of Reporting Period	\$ 42,430.72	
(c) Total Receipts (from Line 19)	\$ 6,428.54	\$ 15,515.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	\$ 48,859.26	\$ 56,859.26
7. Total Disbursements (from Line 30)	\$ 4,450.00	\$ 12,450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 44,409.26	\$ 44,409.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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 <b>John E. Hoff</b>	
Signature of Treasurer 	Date <i>7/15/94</i>

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

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# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Owens-Illinois, Inc. Employees Good Citizens	FROM 4/1/94	TO 6/30/94
	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		
i. Itemized (use Schedule A)	1,414.02	1,714.02
ii. Unitemized	5,014.52	13,801.96
iii. Total (add i and ii) >	6,428.54	15,515.98
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	6,428.54	15,515.98
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		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	6,428.54	15,515.98
20. Total Federal Receipts (subtract line 18 from line 19) >	6,428.54	15,515.98
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	10,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
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) >		
29. Other Disbursements	2,450.00	2,450.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,450.00	12,450.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	4,450.00	12,450.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	6,428.54	15,515.98
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,428.54	15,515.98
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >		

9 4 4 0 3 9 1 4 / 3 2

SCHEDULE A

ITEMIZED RECEIPTS

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:	Amt of:
R. A. Smith 5322 Brookfield Lane Sylvania, OH 43560	Owens-Illinois, Inc. & Its Subsidiaries VP Area Mgr Aggregate YTD: 600.00	06/30/94	300.00
L. A. Wesselman 4244 Halifax Rd. Toledo, OH 43606	Owens-Illinois, Inc. & Its Subsidiaries VP Finance Aggregate YTD: 360.00	06/30/94	180.00
R. E. Brown 4460 Old Fox Trail Midlothian, VA 23113	Owens-Illinois, Inc. & Its Subsidiaries Sr Acct Mgr Aggregate YTD: 300.00	06/30/94	150.00
John L. Hodges 3999 School Rd. Temperance, MI 48182	Owens-Illinois, Inc. & Its Subsidiaries VP Mfg Mfg Aggregate YTD: 300.00	06/30/94	150.00
M. D. McDaniel 2069 Whitehall Rd. Toledo, OH 43606	Owens-Illinois, Inc. & Its Subsidiaries VP Closure Mfg Aggregate YTD: 300.00	06/30/94	150.00
J. W. Hysong 2726 Springwater Toledo, OH 43617	Owens-Illinois, Inc. & Its Subsidiaries VP Dir Human Resources Aggregate YTD: 288.00	06/30/94	144.00
R. S. Trumbull 5635 Olde Post Rd. Sylvania, OH 43560	Owens-Illinois, Inc. & Its Subsidiaries VP Plastic & Clo Aggregate YTD: 240.00	06/30/94	120.00

SUB-TOTAL OF RECEIPTS THIS PAGE 1,194.00

SCHEDULE A

ITEMIZED RECEIPTS

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Receipt For: Primary General Other

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

Full Name, Address:	Employer:	Date:	Amt of:
L. C. Tollstam 5335 Snowden Toledo, OH 43623	Owens-Illinois, Inc. & Its Subsidiaries VP Prescription Aggregate YTD: 240.00	06/30/94	120.00
P. McWeeny 2424 Copeland Blvd. Toledo, OH 43614	Owens-Illinois, Inc. & Its Subsidiaries Gen Counsel Aggregate YTD: 200.04	06/30/94	100.02
SUB-TOTAL OF RECEIPTS THIS PAGE			220.02
TOTAL THIS PERIOD			1,414.02

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER

"STATE"

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**NAME OF COMMITTEE (In Full)**

Owens-Illinois, Inc. 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
Friends of Tommy Norment 2712 Virginia	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	4/13/94	\$ 750.00
B. Full Name, Mailing Address and ZIP Code Cooper Golf Classic 1102 Llewellyn Ave. Norfolk, VA	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	4/18/94	500.00
C. Full Name, Mailing Address and ZIP Code Montgomery for Attorney General Committee Ohio	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	4/18/94	250.00
D. Full Name, Mailing Address and ZIP Code LaBiondo for Congress 788 East Landis Ave Vineland, NJ	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	4/19/94	200.00
E. Full Name, Mailing Address and ZIP Code Haytaian - U.S. Senate 94 P.O. Box 268 Hackettstown, NJ 07840	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	5/19/94	500.00
F. Full Name, Mailing Address and ZIP Code Citizens for Greenwood 4325 Mockingbird Lane Toledo, OH 43623	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	6/17/94	250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General 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 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 Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

2,150.00

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

2,150.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

"Federal"

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

PAGE 1 OF 2  
FOR LINE NUMBER

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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Baker for Congress P.O. Box 4544 Walnut Creek, CA 94596	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/94	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Friends of New Gingrich P.O. Box 1399 Roswell, GA 30077-9830	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Dan Glickman for Congress Committee Kansas City	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/94	500.00
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) .....

2,000.00

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

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**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 checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 7-19-94
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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
<i>SH</i> PREPARER	7-19-94 DATE PREPARED

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