

# 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** 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 01 01 2011 through 06 30 2011

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 07 28 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		40354.78
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	40354.78									
(c) Total Receipts (from Line 19) .....	12655.98	12655.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	53010.76	53010.76								
7. Total Disbursements (from Line 31) .....	1000.00	1000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	52010.76	52010.76								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	4209.32	4209.32
(ii) Unitemized .....	8446.66	8446.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12655.98	12655.98
(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) .....	12655.98	12655.98
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)) .....	12655.98	12655.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12655.98	12655.98

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.....	1000.00	1000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	1000.00	1000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	1000.00

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) .....	12655.98	12655.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12655.98	12655.98
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 / 16  
(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial) James W Baehren		Date of Receipt <table border="1" style="font-size: small;"> <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>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	1		2	0	1	1													
Mailing Address 4656 Dovewood Lane		<b>Transaction ID:</b> SA11AI.18275																				
City	State	Zip Code																				
Sylvania	OH	43560																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>100.00</td></tr> </table>	100.00																			
100.00																						
Name of Employer OWENS-ILLINOIS, INC	Occupation Sr VP - General Counsel & Sec																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>300.00</td></tr> </table>	300.00																				
300.00																						

**B.**

Full Name (Last, First, Middle Initial) James W Baehren		Date of Receipt <table border="1" style="font-size: small;"> <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>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	9		2	0	1	1													
Mailing Address 4656 Dovewood Lane		<b>Transaction ID:</b> SA11AI.18276																				
City	State	Zip Code																				
Sylvania	OH	43560																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>100.00</td></tr> </table>	100.00																			
100.00																						
Name of Employer OWENS-ILLINOIS, INC	Occupation Sr VP - General Counsel & Sec																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>400.00</td></tr> </table>	400.00																				
400.00																						

**C.**

Full Name (Last, First, Middle Initial) James W Baehren		Date of Receipt <table border="1" style="font-size: small;"> <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>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		3	1		2	0	1	1													
Mailing Address 4656 Dovewood Lane		<b>Transaction ID:</b> SA11AI.18277																				
City	State	Zip Code																				
Sylvania	OH	43560																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>100.00</td></tr> </table>	100.00																			
100.00																						
Name of Employer OWENS-ILLINOIS, INC	Occupation Sr VP - General Counsel & Sec																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>500.00</td></tr> </table>	500.00																				
500.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%; text-align: center;"> <tr><td><b>300.00</b></td></tr> </table>	<b>300.00</b>
<b>300.00</b>		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 7 / 16
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James W Baehren	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 4656 Dovewood Lane	<b>Transaction ID:</b> SA11AI.18278
	City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OWENS-ILLINOIS, INC Sr VP - General Counsel & Secr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephen P Bramlage	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 7761 Honeysuckle Lane	<b>Transaction ID:</b> SA11AI.18338
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OWENS-ILLINOIS, INC. Finance VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Anthony R Caracciolo	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 8021 South Bridge Way	<b>Transaction ID:</b> SA11AI.18362
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OWENS-ILLINOIS, INC VP(GCNA)Cat Dir-Food & Bev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<b>TOTAL</b> 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 / 16  
(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:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** SA11AI.18368

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:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** SA11AI.18392

Amount of Each Receipt this Period 40.00

**C.** 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: OWENS-ILLINOIS, INC   Occupation: VP(GCNA)Area Mfg Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt MM / DD / YYYY  
06 / 15 / 2011

**Transaction ID:** SA11AI.18422

Amount of Each Receipt this Period 20.00

**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: (check only one)	PAGE 9 / 16
	<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		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 111 Oak Court		<b>Transaction ID:</b> SA11AI.18423
City Clayton	State CA	Zip Code 94517
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00	
Name of Employer OWENS-ILLINOIS, INC	Occupation VP(GCNA)Area Mfg Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**B.**

Full Name (Last, First, Middle Initial) Hubert M Lontz		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3009 River Oaks Dr.		<b>Transaction ID:</b> SA11AI.18592
City Muskogee	State OK	Zip Code 74403
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.00	
Name of Employer OWENS-ILLINOIS, INC.	Occupation Plt Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**C.**

Full Name (Last, First, Middle Initial) Kenneth W Lovejoy		Date of Receipt MM / DD / YYYY 03 / 31 / 2011
Mailing Address 3947 Magnolia Circle		<b>Transaction ID:</b> SA11AI.18595
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 83.33	
Name of Employer OWENS-ILLINOIS, INC	Occupation VP(GGT)Manager-Facilities Eng	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>143.33</b>
<b>TOTAL</b> 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 / 16  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

**A.**

Full Name (Last, First, Middle Initial)  
Kenneth W Lovejoy

Mailing Address 3947 Magnolia Circle

City 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 ▼ 333.32

Date of Receipt: 04 / 29 / 2011  
**Transaction ID: SA11AI.18596**  
 Amount of Each Receipt this Period: 83.33

**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 ▼ 416.65

Date of Receipt: 05 / 31 / 2011  
**Transaction ID: SA11AI.18597**  
 Amount of Each Receipt this Period: 83.33

**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 ▼ 499.98

Date of Receipt: 06 / 30 / 2011  
**Transaction ID: SA11AI.18598**  
 Amount of Each Receipt this Period: 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 249.99

**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 / 16  
(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 State Zip Code  
 Maumee OH 43537  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 9 / 2 0 1 1  
**Transaction ID:** SA11AI.18602  
 Amount of Each Receipt this Period  
 60.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OWENS-ILLINOIS, INC Sr VP Chief Human Res Officer  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

**B.** Full Name (Last, First, Middle Initial)  
Timothy J McAshlan  
 Mailing Address 26270 Chapelgate Court  
 City State Zip Code  
 Perrysburg OH 43551  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1  
**Transaction ID:** SA11AI.18620  
 Amount of Each Receipt this Period  
 40.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OWENS-ILLINOIS, INC Supply Chain Network Leader  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

**C.** Full Name (Last, First, Middle Initial)  
James R Seiwert  
 Mailing Address 828 Heritage Lane  
 City State Zip Code  
 Waterville OH 43566  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1  
**Transaction ID:** SA11AI.18710  
 Amount of Each Receipt this Period  
 40.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OWENS-ILLINOIS, INC Director -State & Local Tax  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

**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 / 16  
(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)  
Edwin Jay Snyder

Mailing Address 2546 Cherry Lake Rd

City State Zip Code  
Sylvania OH 43560

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

Name of Employer OWENS-ILLINOIS, INC. Occupation LSS & Chf Process Imprv SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

Transaction ID: SA11AI.18725

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Edwin Jay Snyder

Mailing Address 2546 Cherry Lake Rd

City State Zip Code  
Sylvania OH 43560

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

Name of Employer OWENS-ILLINOIS, INC. Occupation LSS & Chf Process Imprv SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

Transaction ID: SA11AI.18726

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Edwin Jay Snyder

Mailing Address 2546 Cherry Lake Rd

City State Zip Code  
Sylvania OH 43560

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

Name of Employer OWENS-ILLINOIS, INC. Occupation LSS & Chf Process Imprv SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2011

Transaction ID: SA11AI.18727

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**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 / 16  
(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)  
Edwin Jay Snyder

Mailing Address 2546 Cherry Lake Rd

City State Zip Code  
Sylvania OH 43560

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

Name of Employer  
OWENS-ILLINOIS, INC.

Occupation  
LSS & Chf Process Imprv SVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

Transaction ID: SA11AI.18728

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Daniel K Steen

Mailing Address 6100 North 30th Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer  
OWENS-ILLINOIS, INC

Occupation  
Director-Federal Government Af

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2011

Transaction ID: SA11AI.18735

Amount of Each Receipt this Period  
416.00

**C.**

Full Name (Last, First, Middle Initial)  
Daniel K Steen

Mailing Address 6100 North 30th Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer  
OWENS-ILLINOIS, INC

Occupation  
Director-Federal Government Af

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
832.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2011

Transaction ID: SA11AI.18736

Amount of Each Receipt this Period  
416.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **982.00**

**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 / 16  
(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) Daniel K Steen		Date of Receipt MM / DD / YYYY 03 / 31 / 2011
Mailing Address 6100 North 30th Street		<b>Transaction ID:</b> SA11AI.18737
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
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 ▼ 1248.00	

**B.**

Full Name (Last, First, Middle Initial) Daniel K Steen		Date of Receipt MM / DD / YYYY 04 / 29 / 2011
Mailing Address 6100 North 30th Street		<b>Transaction ID:</b> SA11AI.18738
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
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 ▼ 1664.00	

**C.**

Full Name (Last, First, Middle Initial) Daniel K Steen		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 6100 North 30th Street		<b>Transaction ID:</b> SA11AI.18739
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
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 ▼ 2080.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1248.00
<b>TOTAL</b> 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 / 16	
	(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 06 / 30 / 2011	
City	State	Zip Code	Transaction ID: SA11AI.18740
Arlington	VA	22207	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		416.00	
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 ▼ 2496.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	416.00
<b>TOTAL</b> This Period (last page this line number only) .....	4209.32

**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 16 / 16

<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) ROBERT P JR CASEY		Transaction ID: SB23.18796	
	Mailing Address PO BOX 22469		Date of Disbursement MM / DD / YYYY 02 / 14 / 2011	
	City PHILADELPHIA	State PA	Zip Code 19110	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	Category/ Type
	Candidate Name ROBERT P JR CASEY			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: PA	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00