

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 Year-End 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 (12S)
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 / / through / /

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 Vancil

Signature of Treasurer Jennifer Vancil [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="54757.41"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54757.41"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6339.00"/>	<input type="text" value="6339.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="61096.41"/>	<input type="text" value="61096.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17500.00"/>	<input type="text" value="17500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="43596.41"/>	<input type="text" value="43596.41"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

Report Covering the Period: From: / / To: / /

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).....	2272.00	2272.00
(ii) Unitemized	4067.00	4067.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6339.00	6339.00
(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)	6339.00	6339.00
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 Transfers (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))..... ▶	6339.00	6339.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6339.00	6339.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	15500.00	15500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	17500.00	17500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17500.00	17500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	6339.00	6339.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6339.00	6339.00
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: (check only one)	PAGE 6 OF 13
<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

Full Name (Last, First, Middle Initial) A. Ryan N Modlin		Date of Receipt MM / DD / YYYY 01 / 31 / 2012 Transaction ID : ABC678C0B9C1040698B9
Mailing Address 2312 Fort William Drive		Amount of Each Receipt this Period 208.00
City Olney	State MD	Zip Code 20832-1665
FEC ID number of contributing federal political committee. C	Name of Employer Owens-illinois, Inc.	Occupation Dir Government Affairs - NA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) B. Daniel K Steen		Date of Receipt MM / DD / YYYY 01 / 31 / 2012 Transaction ID : AB48A3FD94EF74EE190F
Mailing Address 6100 North 30th Street		Amount of Each Receipt this Period 416.00
City Arlington	State VA	Zip Code 22207-1120
FEC ID number of contributing federal political committee. C	Name of Employer Owens-illinois, Inc	Occupation VP Govt Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

Full Name (Last, First, Middle Initial) C. Edwin Jay Snyder		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A9471D171DFB6491E97E
Mailing Address 2546 Cherry Lake Rd		Amount of Each Receipt this Period 150.00
City Sylvania	State OH	Zip Code 43560-8983
FEC ID number of contributing federal political committee. C	Name of Employer Owens-illinois, Inc.	Occupation SVP Integrated Supply Chain
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).....▶	774.00
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 7 OF 13
	<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"/> 17	<input type="checkbox"/> 17

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

A. Ryan N Modlin
Full Name (Last, First, Middle Initial)

Mailing Address 2312 Fort William Drive

City Oney State MD Zip Code 20832-1665

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

Name of Employer Owens-illinois, Inc. Occupation Dir Government Affairs - NA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : A6239BE82FD2048F3A52

Amount of Each Receipt this Period
208.00

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

Mailing Address 6100 North 30th Street

City Arlington State VA Zip Code 22207-1120

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

Name of Employer Owens-illinois, Inc. Occupation VP Govt Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : AF72287CB7BA4474486D

Amount of Each Receipt this Period
416.00

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

Mailing Address 6100 North 30th Street

City Arlington State VA Zip Code 22207-1120

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

Name of Employer Owens-illinois, Inc. Occupation VP Govt Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1248.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : AD728A78C25BE4C1E835

Amount of Each Receipt this Period
416.00

SUBTOTAL of Receipts This Page (optional)..... **1040.00**

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 8 OF 13
	<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"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 2546 Cherry Lake Rd

City Sylvania State OH Zip Code 43560-8983

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

Name of Employer Owens-illinois, Inc. Occupation SVP Integrated Supply Chain

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 30 / 2012
Transaction ID : AC6733759A1014A159B7

Amount of Each Receipt this Period 150.00

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

Mailing Address 4656 Dovewood Lane

City Sylvania State OH Zip Code 43560-4333

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

Name of Employer Owens-illinois, Inc. Occupation SVP Strat Plng & Genl Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 30 / 2012
Transaction ID : A43635FFA6DD14718979

Amount of Each Receipt this Period 100.00

C. Ryan N Modlin
Full Name (Last, First, Middle Initial)

Mailing Address 2312 Fort William Drive

City Olney State MD Zip Code 20832-1665

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

Name of Employer Owens-illinois, Inc. Occupation Dir Government Affairs - NA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt 03 / 30 / 2012
Transaction ID : AFEE0A053C81B4A04BD8

Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional).....▶	458.00
TOTAL This Period (last page this line number only).....▶	2272.00

**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 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

Full Name (Last, First, Middle Initial)

A. Volunteers For Shimkus

Mailing Address P.O. Box 5458
PO BOX 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : B59C21AE1FF1A4EA88A5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kaptur For Congress

Mailing Address P.O. Box 899

City Toledo State OH Zip Code 43697

Purpose of Disbursement
3/1/12 event

Candidate Name

Rep. Marcy Kaptur

Office Sought: House
 Senate
 President
State: OH District: 09

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : B122E12595E1D4EEDB5D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MARK WARNER

Mailing Address 201 NORTH UNION STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Event on 3/12/2012

Candidate Name

Sen. Mark Robert Warner

Office Sought: House
 Senate
 President
State: VA District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : BA6816BF172674D20B8A

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. Portman For Senate Committee

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement
2/15/12 event

Candidate Name
Sen. Rob Portman

Office Sought: House
 Senate
 President
State: OH District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2012

Transaction ID : B2DD92D316E4D442ADF

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Latta For Congress

Mailing Address 300 North Main Street

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2012

Transaction ID : B976B59AB4A564944832

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Gardner For Congress

Mailing Address PO Box 2408

City Loveland State CO Zip Code 80539

Purpose of Disbursement
3/21/12 event

Candidate Name
Rep. Cory Scott Gardner

Office Sought: House
 Senate
 President
State: CO District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2012

Transaction ID : B950A918F5AE9442F85D

Amount of Each Disbursement this Period

1000.00

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

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

5500.00

**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 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

Full Name (Last, First, Middle Initial)

A. BILL FLORES FOR CONGRESS

Mailing Address PO Box 6207

City State Zip Code
Bryan TX 77805

Purpose of Disbursement
contribution

Candidate Name

Rep. Bill Flores

Office Sought: House
 Senate
 President
State: TX District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B833EC90154694454AC3

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Carper For Senate

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City State Zip Code
NEW CASTLE DE 19720

Purpose of Disbursement
2/29/12 Event

Candidate Name

Sen. Thomas R. Carper

Office Sought: House
 Senate
 President
State: DE District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B604C77717E8B4BB583E

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. BOB CASEY FOR SENATE INC

Mailing Address PO BOX 22469

City State Zip Code
PHILADELPHIA PA 19110

Purpose of Disbursement
contribution

Candidate Name

Sen. Robert P Casey JR

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B0F37E6CEF5274C7EB93

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0

**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 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

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Nov 17, 2011 event

Candidate Name
Rep. Robert Hurt

Office Sought: House
 Senate
 President
State: VA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : B457456D29BAD4EC0AB7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2500.00

15500.00

**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

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

Full Name (Last, First, Middle Initial)

A. Batchelder for Representative Committee

Mailing Address 4086 Irvine Oval

City Medina State OH Zip Code 44256

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : B7BDAA06075E04C68BB6

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Husted For Ohio

Mailing Address 148 Sherbrooke Drive

City Kettering State OH Zip Code 45429

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : B4BD69E09002F40A29BA

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2000.00

2000.00