FEC

STATEMENT OF

FORM 1	ORGANIZATION		
1 Ottom 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type is changed) over the lines	12FE4M5	
GATX GOOD (GOVERNMENT PROGRAM		
ADDRESS (number and s	treet) 222 WEST ADAMS STREET		
(Check if address			
is changed)	CHICAGO		60606 _ 5314
	CITY▲	STATE▲	ZIP CODE 🛦
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	lynne.coughlin@gatx.com		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)		
(Check if address			
is changed)			
2. DATE M M M 0 6	/ 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C C00118703		
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A))	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, corre	ect and complete	
	Treasurer William J. Hasek		
Type or Print Name of	Treasurer William J. nasek		
Signature of Treasurer	Electronically Filed by William J. Hasek	Date 0 6	27 2011
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this ANY CHANGE IN INFORMATION SHOULD BE REPORT	•	es of 2 U.S.C. §437g.
Office Use Only	For further informat Federal Election Con Toll Free 800-424-95	tion contact:	FEC FORM 1 (Revised 02/2009)

	F	EC F	Form 1 (Revised 02/2009)	Page 2		
5.			OMMITTEE (Check One) Committee:			
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate		
	Name Candid					
	Candid Party /		Office Sought: House Senate President	State District		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Candid					
	Party	Comn				
	(d)		(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.		
	Political Action Committee (PAC):					
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:		
			X Corporation Corporation w/o Capital Stock	abor Organization		
			Membership Organization Trade Association	Cooperative		
	(f)		In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party		
			In addition, this committee is a Lobbyist/Registrant PAC.			
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
_						
	Joint F	undra	aising Representative:			
	(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political		
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political		
		Com	mittees Participating in Joint Fundraiser			
			1. FEC ID number			
			2. FEC ID number			
			3. FEC ID number			
			EEC ID number			

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Wri	ite or Type Committee Name			
	GATX GOOD GOVERNM	IENT PROGRAM		
6.	Name of Any Connected Org	anization, Affiliated Committee, Joint	Fundraising Representative, o	r Leadership PAC Sponsor
	GATX Corporation			
	Mailing Address	222 West Adams St	reet	
		Chicago L		60606 _ 5314
		CITY	STATE	ZIP CODE 🛦
	Relationship:			
	X Connected Organization	Affiliated Committee	Joint Fundraising Representativ	ve Leadership PAC Sponsor
	Custodian of Records: Ide possession of Committee	ntify by name, address, (phone nubbooks and records.	mber optional), and position	on of the person in
	Full Name Lynne /	A. Coughlin		
	Mailing Address	c/o GATX Good Gov	vernment Program	
	Ü	222 West Adams St	reet	
		Chicago		60606 5314
	Title or Position ♥	CITY A	STATE	<u>-</u>
	Admin. As	st.	Telephone number	312 - 621 - 6258
8.	name and address of any	and address (phone number opti designated agent (e.g., assistant t	•	committee; and the
	Full Name of Treasurer William	J. Hasek		
	Mailing Address	c/o GATX Good Go	vernment Program	
		222 West Adams St	reet	
		Chicago		606065314
	Title or Position ♥	CITY A	STATE	ZIP CODE A
	Treasurer		Telephone number _	312 _ 621 _ 6652

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Full Name of Designated Agent	Robert Hopkins		
Mailing Address	c/o GATX Good Government Progr	ram	
	222 West Adams Street		
	Chicago	<u>IL</u> _	60606 - 5314
Title or Position ▼	CITY A	STATE A	ZIP CODE A
Asst	. Treasurer Telephone	e number 312	6216641
Banks or Other Depo		nittee deposits funds, ho	olds accounts, rents
safety deposit boxes o Name of Bank, Depos	r maintains funds.	nittee deposits funds, ho	olds accounts, rents
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