

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. 12FE4M5 GATX GOOD GOVERNMENT PROGRAM

ADDRESS (number and street) 222 WEST ADAMS STREET CHICAGO IL 60606-5314

2. FEC IDENTIFICATION NUMBER C C00118703 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 / 01 / 2011 through 12 / 31 / 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 William J Hasek

Signature of Treasurer William J Hasek [Electronically Filed] Date 01 / 11 / 2012

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

GATX GOOD GOVERNMENT PROGRAM

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="2011"/>	<input type="text" value="3136.32"/>	<input type="text" value="3136.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12386.32"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9386.67"/>	<input type="text" value="18636.67"/>
(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="21772.99"/>	<input type="text" value="21772.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6000.00"/>	<input type="text" value="6000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15772.99"/>	<input type="text" value="15772.99"/>
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

Write or Type Committee Name

GATX GOOD GOVERNMENT PROGRAM

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).....	7914.96	16814.96
(ii) Unitemized	1471.71	1821.71
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9386.67	18636.67
(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)	9386.67	18636.67
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))..... ▶	9386.67	18636.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9386.67	18636.67

DETAILED SUMMARY PAGE

of Disbursements

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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.....	5500.00	5500.00
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	500.00	500.00
(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)).....	500.00	500.00
29. Other Disbursements	0.00	0.00
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)) ..	6000.00	6000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	6000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	9386.67	18636.67
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8886.67	18136.67
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 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
GATX GOOD GOVERNMENT PROGRAM

A. Mr. Michael Brooks
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 Marion Avenue
 City Highland Park State IL Zip Code 60035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GATX Corporation Occupation SVP & CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 15 / 2011
Transaction ID : SA11AI.4197
 Amount of Each Receipt this Period 500.00
 Contribution - Payroll Deduction

B. Mr. Michael Brooks
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 Marion Avenue
 City Highland Park State IL Zip Code 60035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GATX Corporation Occupation SVP & CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2011
Transaction ID : SA11AI.4198
 Amount of Each Receipt this Period 500.00
 Payroll Deduction 7/31/11 (payroll deduction made in error)

C. Mr. James F. Earl
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 La Fond Lane
 City Orinda State CA Zip Code 94563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GATX Corporation Occupation EVP & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.4219
 Amount of Each Receipt this Period 2499.96
 Payroll Deduction (208.33 - semi-monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 3499.96
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 7 OF 10
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GATX GOOD GOVERNMENT PROGRAM

A. Mr. Thomas A. Ellman
 Full Name (Last, First, Middle Initial)
 Mailing Address 26W151 Sandpiper Court
 City State Zip Code
 Carol Stream IL 60188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GATX Corporation VP&Grp Exec, Chief Commercial Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : SA11AI.4220
 Amount of Each Receipt this Period
 300.00
 Payroll Deduction (25.00 - semi-monthly)

B. Mr. William J. Hasek
 Full Name (Last, First, Middle Initial)
 Mailing Address 743 N. Marion Street
 City State Zip Code
 Oak Park IL 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GATX Corporation SVP & Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : SA11AI.4216
 Amount of Each Receipt this Period
 500.00
 Contribution - Check

C. Mr. Robert C. Lyons
 Full Name (Last, First, Middle Initial)
 Mailing Address 163 Addison Road
 City State Zip Code
 Riverside IL 60546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GATX Corporation CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2499.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : SA11AI.4225
 Amount of Each Receipt this Period
 2499.96
 Payroll Deduction (208.33 semi-monthly)

SUBTOTAL of Receipts This Page (optional).....▶	3299.96
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 8 OF 10
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GATX GOOD GOVERNMENT PROGRAM

A. Mr. Clifford J. Porzenheim
Full Name (Last, First, Middle Initial)

Mailing Address 2669 Orrington Avenue

City Evanston State IL Zip Code 60201

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

Name of Employer GATX Corporation Occupation SVP, Strategic Growth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2011

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period
600.00

Contribution - Check

B. Mr. Alfred P. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 9 East Pine Avenue

City Roselle State IL Zip Code 60172

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

Name of Employer GATX Corporation Occupation VP & Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : SA11AI.4236

Amount of Each Receipt this Period
215.04

Payroll Deduction (17.92 semi-monthly)

C. Ms Beata Weiss
Full Name (Last, First, Middle Initial)

Mailing Address 1742 N. Winnebago Unit C

City Chicago State IL Zip Code 60647

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

Name of Employer GATX Corporation Occupation Director of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period
300.00

Payroll Deduction (300.00)

SUBTOTAL of Receipts This Page (optional).....	1115.04
TOTAL This Period (last page this line number only).....	7914.96

**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)
GATX GOOD GOVERNMENT PROGRAM

Full Name (Last, First, Middle Initial)

A. BILL SHUSTER FOR CONGRESS

Mailing Address PO BOX 27

City State Zip Code
HOLLIDAYSBURGH PA 16648

Purpose of Disbursement
Contribution

011

Candidate Name

BILL SHUSTER FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : **SB23.4242**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. KIRK FOR SENATE

Mailing Address P.O. BOX 8

City State Zip Code
WINNETKA IL 60093

Purpose of Disbursement
Contribution

011

Candidate Name

KIRK FOR SENATE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2011

Transaction ID : **SB23.4245**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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)..... ▶

5500.00

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
GATX GOOD GOVERNMENT PROGRAM

Full Name (Last, First, Middle Initial)

A. Mr. Michael Brooks

Mailing Address 903 Marion Avenue

City Highland Park State IL Zip Code 60035

Purpose of Disbursement
Reimbursement of contribution (payroll deduction error)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.4195

Amount of Each Disbursement this Period

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) ▼

Category/
Type

Date of Disbursement

/ /

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) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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