

2008 OCT 12 A 11:47

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL American National Can Company Employee's Good Government Committee	<input type="checkbox"/> (Check if name is changed)	2. DATE October 04, 2008
(b) Number and Street Address 8770 W. Bryn Mawr Avenue	<input type="checkbox"/> (Check if address is changed)	3. FEC IDENTIFICATION NUMBER C10034504
(c) City, State and ZIP Code Chicago, Illinois 60631-3542		4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (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 the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
American National Can Company	8770 W. Bryn Mawr Avenue Chicago, Illinois 60631-3542	Connected

Type of Connected Organization:

- Corporation Corporation with Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Public Affairs Support Services, Inc.	1020 N. Fairfax Street, 5th Floor Alexandria, Virginia 22314	Treasurer's Agent

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Clifford R. Klotz	8770 W. Bryn Mawr Avenue Chicago, Illinois 60631-3542	Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Harris Trust & Savings Bank	P.O. Box 780 Chicago, Illinois 60690-9889

I certify that I have examined this Statement and as the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Clifford R. Klotz	SIGNATURE OF TREASURER <i>Clifford R. Klotz</i>	DATE 10-4-08
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission

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The Commission has added this page to the end of this filing to indicate how it was received.

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PREPARER

10/12/00

DATE PREPARED