

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full) Olin Corporation Good Government Fund		2. FEC IDENTIFICATION NUMBER CXX002790
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 501 Merritt Seven P.O. Box 4500	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)	
CITY, STATE, and ZIP CODE Norwalk CT 06856-4500		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ In the State of _____
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>12/01/1999</u> through <u>12/31/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		18891.99
(b) Cash on Hand at Beginning of Reporting Period	32120.67	
(c) Total Receipts (from line 19)	1567.08	20495.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33687.75	39387.75
7. Total Disbursements (from line 30)	250.00	5950.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33437.75	33437.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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 Electronically Filed by Edward J. Krygier	
Signature of Treasurer	Date 01/31/2000

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

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE Olin Corporation Good Government Fund		REPORT COVERING PERIOD FROM 12/01/1999 TO: 12/31/1999	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1046.61	6924.61	11.a.i.
ii. Unitemized	520.47	13071.15	11.a.ii.
iii. Total	1567.08	19995.76	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	1567.08	19985.76	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	500.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	1567.08	20485.76	19.
20. Total Federal Receipts	1567.08	20485.76	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	3250.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	250.00	2700.00	29.
30. Total Disbursements	250.00	5950.00	30.
31. Total Federal Disbursements	250.00	5950.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	1567.08	19985.76	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	1567.08	19985.76	34.
35. Total Federal Operating Expenditures	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	0.00	37.

SCHEDULE A		ITEMIZED RECEIPTS		3 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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) Olin Corporation Good Government Fund				
Full Name, Mailing Address, and ZIP Code Mr. Derek E Tyler 388 Jinny Hill Road Cheshire CT 06410	Name of Employer Olin Corporation	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 78.60	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 537.18		
Full Name, Mailing Address, and ZIP Code Yekaterina Torban 437 Westland Ave Cheshire CT 06410	Name of Employer Olin Corporation	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 24.18	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 288.74		
Full Name, Mailing Address, and ZIP Code Mr. J C Fister 28 Norwood Ave Hamden CT 06514	Name of Employer Olin Corporation	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Mr. Michael P De Vivo 231 Park Road Waterbury CT 06708	Name of Employer Olin Corporation	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 24.84	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 291.78		
Full Name, Mailing Address, and ZIP Code Mr. Donald W Griffin 92 Old Boston Road Wilton CT 06897	Name of Employer Olin Corporation	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 50.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 600.00		
Full Name, Mailing Address, and ZIP Code Mr. Richard A Campbell 658 Povo Road Madisonville TN 37354	Name of Employer Olin Corporation	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 73.70	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 870.10		
Full Name, Mailing Address, and ZIP Code Mr. William B Dickinson 11 Settlers Lane Ridgefield CT 06877	Name of Employer Olin Corporation	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 300.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		4 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) Olin Corporation Good Government Fund				
Full Name, Mailing Address, and ZIP Code Mr. Michael D Gilley 16 Acom Lane. Ne Cleveland TN 37312 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Mr. Lawrence A James 240 Blackwell Farm Road Chattanooga TN 37421 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Mr. Joseph E Strasser 82 Kingswood Drive Bethel CT 06801 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Mr. Johnnie M Jackson 29 Fieldstone Circle Stamford CT 06902 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation Aggregate Year-to-Date > \$ 288.00	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 24.00	
Full Name, Mailing Address, and ZIP Code Juan R Perez Calle 45 Bloque 72 #28 Sierra Bayamon Bayamon PR 00961 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation Aggregate Year-to-Date > \$ 298.16	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 27.70	
Full Name, Mailing Address, and ZIP Code Mr. John J Chiramonte Jr, Jr. 511 Castlewood Trail Chattanooga TN 37421 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation Aggregate Year-to-Date > \$ 216.00	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 18.00	
Full Name, Mailing Address, and ZIP Code Mr. John L McIntosh 2008 Woodchase Way. Ne Cleveland TN 37311 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation Aggregate Year-to-Date > \$ 1183.34	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 100.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 8
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Olin Corporation Good Government Fund

Full Name, Mailing Address, and ZIP Code Mr. Curtis M Richards 9401 Magical View Chattanooga TN 37421 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 20.00 Aggregate Year-to-Date > \$ 240.00
Full Name, Mailing Address, and ZIP Code Mr. Thomas M Gura Jr. 16 Muirfield St Louis MO 63141 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 57.29 Aggregate Year-to-Date > \$ 697.48
Full Name, Mailing Address, and ZIP Code Mr. Joseph D Rupp #0 Deer Valley Ct Florissant MO 63034 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 100.00 Aggregate Year-to-Date > \$ 1200.00
Full Name, Mailing Address, and ZIP Code Mr. Dennis C Creech 4609a Whispering Willows Drive Lees Summit MO 64084 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 27.00 Aggregate Year-to-Date > \$ 324.00
Full Name, Mailing Address, and ZIP Code Mr. John G Horton 155 Benedictine Ct Florissant MO 63031 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 25.00 Aggregate Year-to-Date > \$ 300.00
Full Name, Mailing Address, and ZIP Code Mr. Eugene Sehl Jr 364 Green Trails Dr. So Chesterfield MO 63017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 17.08 Aggregate Year-to-Date > \$ 203.10
Full Name, Mailing Address, and ZIP Code Mr. Donald C Glikson Po Box #487 Godfrey IL 62035 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 25.00 Aggregate Year-to-Date > \$ 300.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

SCHEDULE A	ITEMIZED RECEIPTS	6 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Olin Corporation Good Government Fund

Full Name, Mailing Address, and ZIP Code Mr. Thomas R Nowell Rr 1 Box 180-A Staunton IL 62088 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 20.00 Aggregate Year-to-Date > \$ 240.00
Full Name, Mailing Address, and ZIP Code Mr. Thomas J O'Keefe 356 Westminster Glen Carbon IL 62034 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 33.50 Aggregate Year-to-Date > \$ 366.10
Full Name, Mailing Address, and ZIP Code Mr. James W Pickett 403 Shelby St. Gillespie IL 62033 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 39.87 Aggregate Year-to-Date > \$ 469.02
Full Name, Mailing Address, and ZIP Code Mr. Daniel J O'Keefe 1800 Lincoln Knolls Edwardsville IL 62025 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 20.00 Aggregate Year-to-Date > \$ 240.00
Full Name, Mailing Address, and ZIP Code Mr Mark S Marshall 2925 Brown St Alton IL 62002 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 22.89 Aggregate Year-to-Date > \$ 273.59
Full Name, Mailing Address, and ZIP Code Mrs. Dolores J Ennico 110 Canterbury Lane Fairfield CT 06432 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 20.00 Aggregate Year-to-Date > \$ 240.00
Full Name, Mailing Address, and ZIP Code Mr. Darnell K Stierwalt 192 Esquina Drive Granite City IL 62040 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Olin Corporation Occupation	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 30.00 Aggregate Year-to-Date > \$ 360.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	7 / 8
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NAME OF COMMITTEE (In Full) Olin Corporation Good Government Fund		
Full Name, Mailing Address, and ZIP Code Mr. Hassan Arabghani 5535 Mountain Breeze Drive Chattanooga TN 37421	Name of Employer Olin Corporation	Date (month, day, year) 12/30/1999
	Occupation	Amount of Each Receipt this Period 18.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5	218.00
SUBTOTALS of Receipts This Page (Optional)		
TOTALS This Period (last page this line number only)		1046.61

SCHEDULE B	ITEMIZED DISBURSEMENTS	8 / 8
		FOR LINE NUMBER 28
<p>Use separate schedule(s) for each category of the Detailed Summary Page</p>		
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<p>NAME OF COMMITTEE (In Full) Olin Corporation Good Government Fund</p>		
<p>Full Name, Mailing Address, and ZIP Code</p> <p>Jim Ryan 32 West Randolph #1650 Chicago IL 60602</p>	<p>Purpose of Disbursement (- IL -) Contribution to non-federal candidate fo</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary</p>	<p>Date (month, day, year) 12/08/1998</p> <p>Amount of Each Disbursement This Period 250.00</p> <p>Contribution to non-federal candidate for Jim Ryan (IL-R)</p>
<p>SUBTOTALS of Disbursements This Page (Optional)</p>		
<p>TOTALS This Period (last page this line number only)</p>		250.00