

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1 / 7  
11/10/1999 12 : 40

1. NAME OF COMMITTEE (in full) <b>Olin Corporation Good Government Fund</b>		2. FEC IDENTIFICATION NUMBER C00002790
ADDRESS (number and street) 501 Merritt Seven P.O. Box 4500	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE Norwalk CT 06856-4500	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)	

## 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:
- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     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>10/01/1999</u> through <u>10/31/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u> .....		18891.99
(b) Cash on Hand at Beginning of Reporting Period .....	29917.56	
(c) Total Receipts (from line 19) .....	1811.57	17337.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	31529.13	36229.13
7. Total Disbursements (from line 30) .....	500.00	5200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	31029.13	31029.13
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 989 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 <b>Electronically Filed by Edward J. Krygier</b>		
Signature of Treasurer		Date 11/20/1999

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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**FEC FORM 3X**  
(revised 9/98)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>Olin Corporation Good Government Fund</b>		REPORT COVERING PERIOD	
		FROM 10/01/1999	TO: 10/31/1999
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	923.04	4689.59	11.a.i.
ii. Unitemized .....	688.53	11947.15	11.a.ii.
iii. Total .....	1611.57	16837.14	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 .....	1611.57	16837.14	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 .....	1611.57	17337.14	19.
20. Total Federal Receipts .....	1611.57	17337.14	20.
<b>II. Disbursements</b>			
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	2750.00	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 .....	500.00	2450.00	29.
30. Total Disbursements .....	500.00	5200.00	30.
31. Total Federal Disbursements .....	500.00	5200.00	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	1611.57	16837.14	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	1611.57	16837.14	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.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 7</b>
			FOR LINE NUMBER <b>11A1</b>

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**

<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Derek E Tyler 388 Jinny Hill Road  Cheshire CT 06410  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) 10/29/1998	Amount of Each Receipt this Period 78.60
<b>Aggregate Year-to-Date</b> > \$ 779.98			
<b>Full Name, Mailing Address, and ZIP Code</b> Yekaterina Torban 437 Westland Ave  Cheshire CT 06410  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) 10/29/1999	Amount of Each Receipt this Period 24.18
<b>Aggregate Year-to-Date</b> > \$ 240.42			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. J C Fister 28 Norwood Ave  Hamden CT 06514  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) 10/29/1998	Amount of Each Receipt this Period 25.00
<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Michael P De Vivo 231 Park Road  Waterbury CT 06708  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) 10/29/1999	Amount of Each Receipt this Period 24.84
<b>Aggregate Year-to-Date</b> > \$ 242.10			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Donald W Griffin 92 Old Boston Road  Wilton CT 06897  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) 10/29/1999	Amount of Each Receipt this Period 50.00
<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Richard A Campbell 658 Povo Road  Madisonville TN 37354  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) 10/29/1999	Amount of Each Receipt this Period 73.70
<b>Aggregate Year-to-Date</b> > \$ 722.70			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. William B Dickinson 11 Settlers Lane  Ridgefield CT 06877  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) 10/29/1998	Amount of Each Receipt this Period 25.00
<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>4 / 7</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Olin Corporation Good Government Fund</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Olin Corporation  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/29/1998	<b>Amount of Each Receipt this Period</b> 50.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Olin Corporation  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/29/1999	<b>Amount of Each Receipt this Period</b> 25.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Olin Corporation  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/29/1998	<b>Amount of Each Receipt this Period</b> 25.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Olin Corporation  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 10/29/1999	<b>Amount of Each Receipt this Period</b> 24.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Olin Corporation  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 249.30	<b>Date (month, day, year)</b> 10/29/1999	<b>Amount of Each Receipt this Period</b> 38.78	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Olin Corporation  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 883.34	<b>Date (month, day, year)</b> 10/29/1999	<b>Amount of Each Receipt this Period</b> 100.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Olin Corporation  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 572.90	<b>Date (month, day, year)</b> 10/29/1998	<b>Amount of Each Receipt this Period</b> 57.29	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>5 / 7</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Olin Corporation Good Government Fund</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Joseph D Rupp #9 Deer Valley Ct  Florissant MO 63034  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Olin Corporation  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 10/29/1998	<b>Amount of Each Receipt this Period</b> 100.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Dennis C Creech 4606a Whispering Winds Drive  Lees Summit MO 64064  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Olin Corporation  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 270.00	<b>Date (month, day, year)</b> 10/29/1999	<b>Amount of Each Receipt this Period</b> 27.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Olin Corporation  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/29/1998	<b>Amount of Each Receipt this Period</b> 25.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Donald C Gillison Po Box #487  Godfrey IL 62035  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Olin Corporation  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/29/1999	<b>Amount of Each Receipt this Period</b> 25.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Thomas J O'Keefe 336 Westminster  Glen Carbon IL 62034  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Olin Corporation  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 319.10	<b>Date (month, day, year)</b> 10/29/1999	<b>Amount of Each Receipt this Period</b> 31.91	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Olin Corporation  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 389.28	<b>Date (month, day, year)</b> 10/29/1999	<b>Amount of Each Receipt this Period</b> 39.87	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr Mark S Marshal 2925 Brown St  Alton IL 62002  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Olin Corporation  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 227.81	<b>Date (month, day, year)</b> 10/29/1998	<b>Amount of Each Receipt this Period</b> 22.89	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>6 / 7</b>
			<b>FOR LINE NUMBER 11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Olin Corporation Good Government Fund</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Darrell K Stierwalt 192 Esquire Drive  Granite City IL 62040	<b>Name of Employer</b> Olin Corporation	<b>Date (month, day, year)</b> 10/29/1999	<b>Amount of Each Receipt this Period</b> 30.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> 5    300.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>923.04</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	7 / 7
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 28
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.		
<b>NAME OF COMMITTEE (In Full)</b> <b>Olin Corporation Good Government Fund</b>		
<b>Full Name, Mailing Address, and ZIP Code</b> Mark Taylor P.O. Box 101  Albany GA 31702	<b>Purpose of Disbursement</b> ( - GA - ) Contribution to non-federal candidate fo  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	<b>Date (month, day, year)</b> 10/25/1998  Contribution to non-federal candidate for Mark Taylor (GA-D)  <b>Amount of Each Disbursement This Period</b> 500.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....		
<b>TOTALS</b> This Period (last page this line number only) .....		<b>500.00</b>