



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Olin Corporation Good Government Fund**

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="14267.84"/>	<input type="text" value="14267.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20879.58"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7131.72"/>	<input type="text" value="14843.46"/>
(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="28011.30"/>	<input type="text" value="29111.30"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17000.00"/>	<input type="text" value="18100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11011.30"/>	<input type="text" value="11011.30"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

**Olin Corporation Good Government Fund**

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).....	5975.72	10374.22
(ii) Unitemized .....	1156.00	4469.24
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7131.72	14843.46
(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) .....	7131.72	14843.46
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))..... ▶	7131.72	14843.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7131.72	14843.46

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	17000.00	18000.00
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 .....	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements .....	0.00	100.00
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)) ..	17000.00	18100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17000.00	18100.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	7131.72	14843.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7131.72	14843.46
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 35
	(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

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**

**A. Hassan Arabghani**  
Full Name (Last, First, Middle Initial)

Mailing Address 5535 Mountain Breeze Drive

City Chattanooga State TN Zip Code 37421

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

Name of Employer Olin Chlor Alkali Products Occupation V.P.; Bus. Dev. & Strategy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : SA11AI.5309**

Amount of Each Receipt this Period **18.00**

Contribution

**B. Jeffrey A Brantley**  
Full Name (Last, First, Middle Initial)

Mailing Address 187 Champion Drive N.W.

City Cleveland State TN Zip Code 37312

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

Name of Employer Olin Chlor Alkali Products Occupation Dir.; Information Sys.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : SA11AI.5279**

Amount of Each Receipt this Period **20.00**

Contribution

**C. Jeffrey A Brantley**  
Full Name (Last, First, Middle Initial)

Mailing Address 187 Champion Drive N.W.

City Cleveland State TN Zip Code 37312

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

Name of Employer Olin Chlor Alkali Products Occupation Dir.; Information Sys.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : SA11AI.5310**

Amount of Each Receipt this Period **20.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **58.00**

**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 35
	(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"/> 16
		<input type="checkbox"/> 17

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

**A. Chris F Cusick**  
Full Name (Last, First, Middle Initial)

Mailing Address 248 Blackwell Farm Rd

City Chattanooga State TN Zip Code 37421

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

Name of Employer Olin Corporation Occupation VP; Sales & Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2011**

**Transaction ID : SA11AI.5143**

Amount of Each Receipt this Period  
**50.00**

Contribution

**B. Chris F Cusick**  
Full Name (Last, First, Middle Initial)

Mailing Address 248 Blackwell Farm Rd

City Chattanooga State TN Zip Code 37421

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

Name of Employer Olin Corporation Occupation VP; Sales & Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2011**

**Transaction ID : SA11AI.5175**

Amount of Each Receipt this Period  
**50.00**

Contribution

**C. Chris F Cusick**  
Full Name (Last, First, Middle Initial)

Mailing Address 248 Blackwell Farm Rd

City Chattanooga State TN Zip Code 37421

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

Name of Employer Olin Corporation Occupation VP; Sales & Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : SA11AI.5206**

Amount of Each Receipt this Period  
**50.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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 35
	(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)  
**Olin Corporation Good Government Fund**

**A. Chris F Cusick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 248 Blackwell Farm Rd  
City Chattanooga State TN Zip Code 37421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Olin Corporation Occupation VP; Sales & Marketing  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : SA11AI.5236**  
Amount of Each Receipt this Period **50.00**  
Contribution

**B. Chris F Cusick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 248 Blackwell Farm Rd  
City Chattanooga State TN Zip Code 37421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Olin Corporation Occupation VP; Sales & Marketing  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : SA11AI.5280**  
Amount of Each Receipt this Period **50.00**  
Contribution

**C. Chris F Cusick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 248 Blackwell Farm Rd  
City Chattanooga State TN Zip Code 37421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Olin Corporation Occupation VP; Sales & Marketing  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.5311**  
Amount of Each Receipt this Period **50.00**  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**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: (check only one)	PAGE 9 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Norma G Holm</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2011 <b>Transaction ID : SA11AI.5282</b>
Mailing Address 2278 Tennessee Nursery Road		Amount of Each Receipt this Period 20.00
City Cleveland    State TN    Zip Code 37311	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Olin Chlor Alkali Products	Occupation Dir.; Human Resources-Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Norma G Holm</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2011 <b>Transaction ID : SA11AI.5313</b>
Mailing Address 2278 Tennessee Nursery Road		Amount of Each Receipt this Period 20.00
City Cleveland    State TN    Zip Code 37311	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Olin Chlor Alkali Products	Occupation Dir.; Human Resources-Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. John L McIntosh</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2011 <b>Transaction ID : SA11AI.5161</b>
Mailing Address 516 Anatole LN NW		Amount of Each Receipt this Period 100.00
City Cleveland    State TN    Zip Code 37312	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Olin Corporation	Occupation Sr. Vice President; Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> 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 10 OF 35
	(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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial) <b>A. John L McIntosh</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 516 Anatole LN NW		<b>Transaction ID : SA11AI.5193</b>
City Cleveland	State TN	Zip Code 37312
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Olin Corporation	Occupation Sr. Vice President; Operations	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. John L McIntosh</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 516 Anatole LN NW		<b>Transaction ID : SA11AI.5223</b>
City Cleveland	State TN	Zip Code 37312
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Olin Corporation	Occupation Sr. Vice President; Operations	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. John L McIntosh</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2011
Mailing Address 516 Anatole LN NW		<b>Transaction ID : SA11AI.5254</b>
City Cleveland	State TN	Zip Code 37312
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Olin Corporation	Occupation Sr. Vice President; Operations	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 11 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. John L McIntosh</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 516 Anatole LN NW		<b>Transaction ID : SA11AI.5297</b>
City Cleveland	State TN	Zip Code 37312
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Olin Corporation	Occupation Sr. Vice President; Operations	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. John L McIntosh</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 516 Anatole LN NW		<b>Transaction ID : SA11AI.5328</b>
City Cleveland	State TN	Zip Code 37312
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Olin Corporation	Occupation Sr. Vice President; Operations	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Lawrence E Murray</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2011
Mailing Address 230 Stonewood Dr		<b>Transaction ID : SA11AI.5149</b>
City Cleveland	State TN	Zip Code 37311
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Olin Corporation	Occupation V.P., Engineering	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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: (check only one)	PAGE 12 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial)  
**A. Lawrence E Murray**

Mailing Address 230 Stonewood Dr

City Cleveland State TN Zip Code 37311

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

Name of Employer Olin Corporation Occupation V.P., Engineering

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2011**

**Transaction ID : SA11AI.5181**

Amount of Each Receipt this Period  
**50.00**

Contribution

Full Name (Last, First, Middle Initial)  
**B. Lawrence E Murray**

Mailing Address 230 Stonewood Dr

City Cleveland State TN Zip Code 37311

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

Name of Employer Olin Corporation Occupation V.P., Engineering

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : SA11AI.5212**

Amount of Each Receipt this Period  
**50.00**

Contribution

Full Name (Last, First, Middle Initial)  
**C. Lawrence E Murray**

Mailing Address 230 Stonewood Dr

City Cleveland State TN Zip Code 37311

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

Name of Employer Olin Corporation Occupation V.P., Engineering

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  
**10 / 31 / 2011**

**Transaction ID : SA11AI.5242**

Amount of Each Receipt this Period  
**50.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 13 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial) <b>A. Lawrence E Murray</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 230 Stonewood Dr		<b>Transaction ID : SA11AI.5286</b>
City Cleveland	State TN	Zip Code 37311
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Olin Corporation	Occupation V.P., Engineering	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Lawrence E Murray</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 230 Stonewood Dr		<b>Transaction ID : SA11AI.5317</b>
City Cleveland	State TN	Zip Code 37311
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Olin Corporation	Occupation V.P., Engineering	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas J O'Keefe</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2011
Mailing Address 336 Westminster		<b>Transaction ID : SA11AI.5170</b>
City Glen Carbon	State IL	Zip Code 62034
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 69.62
Name of Employer Olin Corporation - Winchester	Occupation President; Winchester	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.34	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	169.62
<b>TOTAL</b> 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: (check only one)	PAGE 14 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial) <b>A. Thomas J O'Keefe</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 336 Westminster		<b>Transaction ID : SA11AI.5202</b>
City Glen Carbon	State IL	Zip Code 62034
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 69.62	
Name of Employer Olin Corporation - Winchester	Occupation President; Winchester	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 556.96	

Full Name (Last, First, Middle Initial) <b>B. Thomas J O'Keefe</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 336 Westminster		<b>Transaction ID : SA11AI.5232</b>
City Glen Carbon	State IL	Zip Code 62034
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 69.62	
Name of Employer Olin Corporation - Winchester	Occupation President; Winchester	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 626.58	

Full Name (Last, First, Middle Initial) <b>C. Thomas J O'Keefe</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2011
Mailing Address 336 Westminster		<b>Transaction ID : SA11AI.5263</b>
City Glen Carbon	State IL	Zip Code 62034
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 69.62	
Name of Employer Olin Corporation - Winchester	Occupation President; Winchester	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.20	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	208.86
<b>TOTAL</b> 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 15 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Thomas J O'Keefe**  
 Mailing Address 336 Westminster  
 City State Zip Code  
 Glen Carbon IL 62034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Olin Corporation - Winchester President; Winchester  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 765.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : SA11AI.5307**  
 Amount of Each Receipt this Period  
 69.62  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Thomas J O'Keefe**  
 Mailing Address 336 Westminster  
 City State Zip Code  
 Glen Carbon IL 62034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Olin Corporation - Winchester President; Winchester  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 835.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.5337**  
 Amount of Each Receipt this Period  
 69.62  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. Michael Otten**  
 Mailing Address 25444 Pistache Ct  
 City State Zip Code  
 Murrieta CA 92563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Chlor-Alkali Headquarters Mgr.; Accounting  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : SA11AI.5287**  
 Amount of Each Receipt this Period  
 20.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 159.24  
**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: (check only one)	PAGE 16 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial) <b>A. Michael Otten</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2011 <b>Transaction ID : SA11AI.5318</b>
Mailing Address 25444 Pistache Ct		Amount of Each Receipt this Period 200.00
City Murrieta	State CA	Zip Code 92563
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Chlor-Alkali Headquarters	Occupation Mgr.; Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Elaine K Patterson</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2011 <b>Transaction ID : SA11AI.5151</b>
Mailing Address 7708 Ashley Oaks Dr		Amount of Each Receipt this Period 100.00
City Chattanooga	State TN	Zip Code 37421
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Olin Corporation	Occupation Director, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C. Elaine K Patterson</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2011 <b>Transaction ID : SA11AI.5183</b>
Mailing Address 7708 Ashley Oaks Dr		Amount of Each Receipt this Period 100.00
City Chattanooga	State TN	Zip Code 37421
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Olin Corporation	Occupation Director, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> 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: (check only one)	PAGE 17 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
**Olin Corporation Good Government Fund**

**A. Elaine K Patterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7708 Ashley Oaks Dr  
 City Chattanooga State TN Zip Code 37421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Olin Corporation Occupation Director, Government Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 30 / 2011**  
**Transaction ID : SA11AI.5214**  
 Amount of Each Receipt this Period **100.00**  
 Contribution

**B. Elaine K Patterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7708 Ashley Oaks Dr  
 City Chattanooga State TN Zip Code 37421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Olin Corporation Occupation Director, Government Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : SA11AI.5245**  
 Amount of Each Receipt this Period **100.00**  
 Contribution

**C. Elaine K Patterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7708 Ashley Oaks Dr  
 City Chattanooga State TN Zip Code 37421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Olin Corporation Occupation Director, Government Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : SA11AI.5288**  
 Amount of Each Receipt this Period **100.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 18 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Elaine K Patterson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 7708 Ashley Oaks Dr		<b>Transaction ID : SA11AI.5319</b>
City Chattanooga	State TN	Zip Code 37421
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Olin Corporation	Occupation Director, Government Affairs	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Joseph D Rupp</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2011
Mailing Address 10918 Conway Road		<b>Transaction ID : SA11AI.5162</b>
City Frontenac	State MO	Zip Code 63131
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Olin Corporation	Occupation Chairman; President & CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.02	

Full Name (Last, First, Middle Initial) <b>C. Joseph D Rupp</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2011
Mailing Address 10918 Conway Road		<b>Transaction ID : SA11AI.5194</b>
City Frontenac	State MO	Zip Code 63131
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Olin Corporation	Occupation Chairman; President & CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2380.02	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> 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 19 OF 35
	(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"/> 16
		<input type="checkbox"/> 17

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

**A. Joseph D Rupp**  
Full Name (Last, First, Middle Initial)

Mailing Address 10918 Conway Road

City Frontenac State MO Zip Code 63131

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

Name of Employer Olin Corporation Occupation Chairman; President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2680.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : SA11AI.5224**

Amount of Each Receipt this Period  
**300.00**

09/30/11

**B. Joseph D Rupp**  
Full Name (Last, First, Middle Initial)

Mailing Address 10918 Conway Road

City Frontenac State MO Zip Code 63131

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

Name of Employer Olin Corporation Occupation Chairman; President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2980.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : SA11AI.5255**

Amount of Each Receipt this Period  
**300.00**

Contribution

**C. Joseph D Rupp**  
Full Name (Last, First, Middle Initial)

Mailing Address 10918 Conway Road

City Frontenac State MO Zip Code 63131

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

Name of Employer Olin Corporation Occupation Chairman; President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3280.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2011**

**Transaction ID : SA11AI.5298**

Amount of Each Receipt this Period  
**300.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>900.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 20 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
**Olin Corporation Good Government Fund**

**A. Joseph D Rupp**  
Full Name (Last, First, Middle Initial)

Mailing Address 10918 Conway Road

City Frontenac State MO Zip Code 63131

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

Name of Employer Olin Corporation Occupation Chairman; President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3580.02**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : SA11AI.5329**

Amount of Each Receipt this Period **300.00**

Contribution

**B. Julia T Saunders**  
Full Name (Last, First, Middle Initial)

Mailing Address 1600 Leeland Way

City Knoxville State TN Zip Code 37919

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

Name of Employer Olin Chlor Alkali Products Occupation Mgr.; Logistics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 31 / 2011**

**Transaction ID : SA11AI.5152**

Amount of Each Receipt this Period **50.00**

Contribution

**C. Julia T Saunders**  
Full Name (Last, First, Middle Initial)

Mailing Address 1600 Leeland Way

City Knoxville State TN Zip Code 37919

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

Name of Employer Olin Chlor Alkali Products Occupation Mgr.; Logistics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 31 / 2011**

**Transaction ID : SA11AI.5184**

Amount of Each Receipt this Period **50.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> 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 21 OF 35
	(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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial) <b>A. Julia T Saunders</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 1600 Leeland Way		<b>Transaction ID : SA11AI.5215</b>
City Knoxville	State TN	Zip Code 37919
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Olin Chlor Alkali Products	Occupation Mgr.; Logistics	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Julia T Saunders</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2011
Mailing Address 1600 Leeland Way		<b>Transaction ID : SA11AI.5246</b>
City Knoxville	State TN	Zip Code 37919
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Olin Chlor Alkali Products	Occupation Mgr.; Logistics	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Julia T Saunders</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2011
Mailing Address 1600 Leeland Way		<b>Transaction ID : SA11AI.5289</b>
City Knoxville	State TN	Zip Code 37919
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Olin Chlor Alkali Products	Occupation Mgr.; Logistics	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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: (check only one)	PAGE 22 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
**Olin Corporation Good Government Fund**

**A. Julia T Saunders**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1600 Leeland Way  
City Knoxville State TN Zip Code 37919  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Olin Chlor Alkali Products Occupation Mgr.; Logistics  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.5320**  
Amount of Each Receipt this Period **50.00**  
Contribution

**B. David A Scholes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8725 Briar Patch Ln  
City Ooltewah State TN Zip Code 37363  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Olin Corporation Occupation V.P., Manufacturing Technology  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1400.00**

Date of Receipt **07 / 31 / 2011**  
**Transaction ID : SA11AI.5154**  
Amount of Each Receipt this Period **200.00**  
Contribution

**C. David A Scholes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8725 Briar Patch Ln  
City Ooltewah State TN Zip Code 37363  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Olin Corporation Occupation V.P., Manufacturing Technology  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1600.00**

Date of Receipt **08 / 31 / 2011**  
**Transaction ID : SA11AI.5186**  
Amount of Each Receipt this Period **200.00**  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **450.00**  
**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: (check only one)	PAGE 23 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial) <b>A. David A Scholes</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 8725 Briar Patch Ln		<b>Transaction ID : SA11AI.5217</b>
City Ooltewah	State TN	Zip Code 37363
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Olin Corporation	Occupation V.P., Manufacturing Technology	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>B. Peiliang Shen</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2011
Mailing Address 1738 Spanish Trace Dr		<b>Transaction ID : SA11AI.5156</b>
City Saraland	State AL	Zip Code 36571
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Olin Corporation	Occupation Superintendent, QC	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Peiliang Shen</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 1738 Spanish Trace Dr		<b>Transaction ID : SA11AI.5188</b>
City Saraland	State AL	Zip Code 36571
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Olin Corporation	Occupation Superintendent, QC	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 24 OF 35
	(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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial)  
**A. Peiliang Shen**

Mailing Address 1738 Spanish Trace Dr

City	State	Zip Code
Saraland	AL	36571

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

Name of Employer	Occupation
Olin Corporation	Superintendant, QC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : SA11AI.5219**

Amount of Each Receipt this Period  

50.00
-------

**Contribution**

Full Name (Last, First, Middle Initial)  
**B. Peiliang Shen**

Mailing Address 1738 Spanish Trace Dr

City	State	Zip Code
Saraland	AL	36571

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

Name of Employer	Occupation
Olin Corporation	Superintendant, QC

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
10	/	31	/	2011

**Transaction ID : SA11AI.5250**

Amount of Each Receipt this Period  

50.00
-------

**Contribution**

Full Name (Last, First, Middle Initial)  
**C. Peiliang Shen**

Mailing Address 1738 Spanish Trace Dr

City	State	Zip Code
Saraland	AL	36571

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

Name of Employer	Occupation
Olin Corporation	Superintendant, QC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : SA11AI.5292**

Amount of Each Receipt this Period  

50.00
-------

**Contribution**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 25 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)  
**Olin Corporation Good Government Fund**

**A. Peiliang Shen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1738 Spanish Trace Dr  
 City Saraland State AL Zip Code 36571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Olin Corporation Occupation Superintendant, QC  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.5323**  
 Amount of Each Receipt this Period **50.00**  
 Contribution

**B. Jon E Thorstenson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 Middle Creek  
 City Signal Mountain State TN Zip Code 37377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Olin Chlor Alkali Products Occupation V.P.; Corporate Strategic Planning  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : SA11AI.5299**  
 Amount of Each Receipt this Period **20.00**  
 Contribution

**C. Jon E Thorstenson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 Middle Creek  
 City Signal Mountain State TN Zip Code 37377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Olin Chlor Alkali Products Occupation V.P.; Corporate Strategic Planning  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.5330**  
 Amount of Each Receipt this Period **20.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>90.00</b>
<b>TOTAL</b> 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 26 OF 35
	(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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial) <b>A. James W Tindal</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2011 <b>Transaction ID : SA11AI.5157</b>
Mailing Address 359 Bell Crest Dr NW		Amount of Each Receipt this Period 40.00
City Cleveland	State TN	Zip Code 37312
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Olin Corporation	Occupation Engineer Sr. Associate - Project	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. James W Tindal</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2011 <b>Transaction ID : SA11AI.5189</b>
Mailing Address 359 Bell Crest Dr NW		Amount of Each Receipt this Period 40.00
City Cleveland	State TN	Zip Code 37312
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Olin Corporation	Occupation Engineer Sr. Associate - Project	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. James W Tindal</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : SA11AI.5220</b>
Mailing Address 359 Bell Crest Dr NW		Amount of Each Receipt this Period 40.00
City Cleveland	State TN	Zip Code 37312
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Olin Corporation	Occupation Engineer Sr. Associate - Project	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 27 OF 35
	(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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial) <b>A. James W Tindal</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 359 Bell Crest Dr NW		<b>Transaction ID : SA11AI.5251</b>
City Cleveland	State TN	Zip Code 37312
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Olin Corporation	Occupation Engineer Sr. Associate - Project	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. James W Tindal</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 359 Bell Crest Dr NW		<b>Transaction ID : SA11AI.5294</b>
City Cleveland	State TN	Zip Code 37312
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Olin Corporation	Occupation Engineer Sr. Associate - Project	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. James W Tindal</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 359 Bell Crest Dr NW		<b>Transaction ID : SA11AI.5325</b>
City Cleveland	State TN	Zip Code 37312
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Olin Corporation	Occupation Engineer Sr. Associate - Project	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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: (check only one)	PAGE 28 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
**Olin Corporation Good Government Fund**

**A. Thomas E Tirabassi**  
Full Name (Last, First, Middle Initial)

Mailing Address 3153 Reflection Lane

City Ooltewah State TN Zip Code 37363

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

Name of Employer Olin Chlor Alkali Products Occupation Dir.; Logistics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : SA11AI.5295**

Amount of Each Receipt this Period **200.00**

Contribution

**B. Thomas E Tirabassi**  
Full Name (Last, First, Middle Initial)

Mailing Address 3153 Reflection Lane

City Ooltewah State TN Zip Code 37363

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

Name of Employer Olin Chlor Alkali Products Occupation Dir.; Logistics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : SA11AI.5326**

Amount of Each Receipt this Period **200.00**

Contribution

**c. Lloyd B Webb**  
Full Name (Last, First, Middle Initial)

Mailing Address 216 Montsweag Ct

City Kingsport State TN Zip Code 37664

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

Name of Employer Olin Corporation Occupation Dir; Energy Procurement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 31 / 2011**

**Transaction ID : SA11AI.5159**

Amount of Each Receipt this Period **50.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**

**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 29 OF 35
	(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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial) <b>A. Lloyd B Webb</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2011 <b>Transaction ID : SA11AI.5191</b>
Mailing Address 216 Montsweag Ct		Amount of Each Receipt this Period 50.00
City Kingsport	State TN	Zip Code 37664
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Olin Corporation	Occupation Dir; Energy Procurement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Lloyd B Webb</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : SA11AI.5222</b>
Mailing Address 216 Montsweag Ct		Amount of Each Receipt this Period 50.00
City Kingsport	State TN	Zip Code 37664
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Olin Corporation	Occupation Dir; Energy Procurement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Lloyd B Webb</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2011 <b>Transaction ID : SA11AI.5253</b>
Mailing Address 216 Montsweag Ct		Amount of Each Receipt this Period 50.00
City Kingsport	State TN	Zip Code 37664
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Olin Corporation	Occupation Dir; Energy Procurement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 30 OF 35
	(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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial)  
**A. Lloyd B Webb**

Mailing Address 216 Montsweag Ct

City Kingsport State TN Zip Code 37664

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

Name of Employer Olin Corporation Occupation Dir; Energy Procurement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : SA11AI.5296**

Amount of Each Receipt this Period **50.00**

Contribution

Full Name (Last, First, Middle Initial)  
**B. Lloyd B Webb**

Mailing Address 216 Montsweag Ct

City Kingsport State TN Zip Code 37664

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

Name of Employer Olin Corporation Occupation Dir; Energy Procurement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : SA11AI.5327**

Amount of Each Receipt this Period **50.00**

Contribution

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5975.72</b>

**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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial)

**A. ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution

011

Candidate Name

**ALEXANDER FOR SENATE 2014 INC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2011

Transaction ID : **SB23.5276**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. BILL CASSIDY FOR CONGRESS**

Mailing Address 8550 UNITED PLAZA BLVD.  
SUITE 1001

City BATON ROUGE State LA Zip Code 70809

Purpose of Disbursement  
Contribution

011

Candidate Name

**BILL CASSIDY FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2011

Transaction ID : **SB23.5354**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Marsha Blackburn**

Mailing Address Blackburn for Congress  
700 12th St., N.W., Ste. 700

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

011

Candidate Name

**Marsha Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: DC District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2011

Transaction ID : **SB23.5270**

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

**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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial)

**A. BOB CORKER FOR SENATE 2012**

Mailing Address 1910 21ST AVENUE SOUTH

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement  
Contribution

011

Candidate Name

**BOB CORKER FOR SENATE 2012**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2011

Transaction ID : **SB23.5267**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. CHAMBLISS FOR SENATE**

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement  
Contribution

011

Candidate Name

**CHAMBLISS FOR SENATE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2011

Transaction ID : **SB23.5269**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DUNCAN FOR CONGRESS**

Mailing Address PO BOX 2646

City KNOXVILLE State TN Zip Code 37901

Purpose of Disbursement  
Contribution

011

Candidate Name

**DUNCAN FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2011

Transaction ID : **SB23.5266**

Amount of Each Disbursement this Period

1000.00

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

4000.00

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



**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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial)

**A. Chuck Fleishman**

Mailing Address **Chuck Fleishman for Congress  
700 Market Street**

City **Chattanooga** State **TN** Zip Code **37402**

Purpose of Disbursement  
Contribution

**011**

Candidate Name

**Chuck Fleishman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: **TN** District: **03**

Disbursement For: **2012**  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
**10 / 10 / 2011**

**Transaction ID : SB23.5275**

Amount of Each Disbursement this Period

**1000.00**

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SESSIONS SENATE COMMITTEE INC**

Mailing Address **P O BOX 4278**

City **MONTGOMERY** State **AL** Zip Code **36103**

Purpose of Disbursement  
Contribution

**011**

Candidate Name

**FRIENDS OF SESSIONS SENATE COMMITTEE INC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: **AL** District: **00**

Disbursement For: **2014**  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
**12 / 02 / 2011**

**Transaction ID : SB23.5342**

Amount of Each Disbursement this Period

**2000.00**

Full Name (Last, First, Middle Initial)

**C. GEORGIANS FOR ISAKSON**

Mailing Address **POST OFFICE BOX 250116**

City **ATLANTA** State **GA** Zip Code **30325**

Purpose of Disbursement  
Contribution

**011**

Candidate Name

**GEORGIANS FOR ISAKSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: **GA** District: **00**

Disbursement For: **2016**  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
**12 / 02 / 2011**

**Transaction ID : SB23.5339**

Amount of Each Disbursement this Period

**1000.00**

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

**4000.00**

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

**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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial)

**A. Phil Gingrey**

Mailing Address **Gingrey for Congress**  
700 12th St., N.W., Ste 700

City **Washington** State **DC** Zip Code **20005**

Purpose of Disbursement  
Contribution

**011**

Candidate Name

**Phil Gingrey**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: **DC** District: **11**

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23.5265**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JO BONNER FOR CONGRESS COMMITTEE**

Mailing Address **P.O.BOX 851232**

City **MOBILE** State **AL** Zip Code **36685**

Purpose of Disbursement  
Contribution

**011**

Candidate Name

**JO BONNER FOR CONGRESS COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: **AL** District: **01**

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23.5271**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. MARY L LANDRIEU**

Mailing Address **405 E CAPITOL STREET SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement  
Contribution

**011**

Candidate Name

**MARY L LANDRIEU**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: **LA** District: **00**

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23.5345**

Amount of Each Disbursement this Period

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

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

**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)  
**Olin Corporation Good Government Fund**

Full Name (Last, First, Middle Initial)

**A. SHELBY FOR U S SENATE**

Mailing Address POST OFFICE BOX 1091

City TUSCALOOSA State AL Zip Code 35403

Purpose of Disbursement  
Contribution

011

Candidate Name

**SHELBY FOR U S SENATE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AL District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2011

**Transaction ID : SB23.5340**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. David Vitter**

Mailing Address Vitter for Senate  
2644 North Causewa Blvd.

City Metarie State LA Zip Code 70002

Purpose of Disbursement  
Contribution

011

Candidate Name

**David Vitter**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2011

**Transaction ID : SB23.5343**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2000.00

17000.00