

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
OLIN CORPORATION GOOD GOVERNMENT FUND

ADDRESS (number and street) **190 CARONDELET PLAZA**
SUITE 1530
 Check if different than previously reported. (ACC) **Clayton MO 63105**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00002790 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Slater, Todd, , ,
Type or Print Name of Treasurer _____

Signature of Treasurer Slater, Todd, , , [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2023"/>	<input type="text" value="43121.17"/>	<input type="text" value="43121.17"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="50916.97"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7121.60"/>	<input type="text" value="15019.80"/>
(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="58038.57"/>	<input type="text" value="58140.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10000.00"/>	<input type="text" value="10102.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="48038.57"/>	<input type="text" value="48038.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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).....	5929.60	8578.80
(ii) Unitemized	1192.00	6441.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7121.60	15019.80
(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)	7121.60	15019.80
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)).....▶	7121.60	15019.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7121.60	15019.80

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	102.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	102.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	10000.00	10102.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	10102.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	7121.60	15019.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7121.60	15019.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	102.40
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	102.40

**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 6 OF 13
<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

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. Peters, Valerie, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1347 Shorewinds Trl

City Saint Charles	State MO	Zip Code 63303-4835
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Olin Corporation	Occupation (for Individual) VP Human Resources
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2023

Transaction ID : AD0C8EA0811014957B6C

Amount of Each Receipt this Period
3200.00

Memo Item

B. Peters, Valerie, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1347 Shorewinds Trl

City Saint Charles	State MO	Zip Code 63303-4835
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Olin Corporation	Occupation (for Individual) VP Human Resources
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2023

Transaction ID : A53BC0F1C7F0B47FAA64

Amount of Each Receipt this Period
150.00

Memo Item
Payroll Deduction: \$150.00/Monthly

C. Cagle, Paul, A, , Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56 Cherrywood Ct

City Lake Jackson	State TX	Zip Code 77566-3203
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cube Operations	Occupation (for Individual) Senior Director Global EHS
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2023

Transaction ID : A22DF52F175834C2E998

Amount of Each Receipt this Period
100.00

Memo Item
Payroll Deduction: \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	3450.00
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 7 OF 13
<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

A. Cook, Karin, Santos, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 Winding Glen Dr NW
 City Cleveland State TN Zip Code 37312-6390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin ChlorAlkali Products Occupation (for Individual) Plant Manager - CAPV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2023
Transaction ID : ADB436676FAF048949A5
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$100.00/Monthly

B. Haskins, David, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 232 Ellington Ct
 City Glen Carbon State IL Zip Code 62034-1464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Winchester Ammunition Inc. Occupation (for Individual) VP - Human Resources Winchester
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2023
Transaction ID : AA8562FAB90A140CCA61
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$100.00/Monthly

C. Wilson, Gregory, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2127 Windport Ln
 City Saint Louis State MO Zip Code 63146-2225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cube Operations LLC Occupation (for Individual) Finance Director Business Strategy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2023
Transaction ID : A47FC95D322AC4B9A9B4
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	300.00
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 8 OF 13
	<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

A. Cagle, Dana, Feak, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 Cherrywood Ct
 City Lake Jackson State TX Zip Code 77566-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin ChlorAlkali Products Occupation (for Individual) Senior Director, Global EHS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2023
Transaction ID : A8B3B165960C24ADC854
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$80.00/Monthly

B. Scott, Leonard, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9234 Mountain Shade Dr
 City Chattanooga State TN Zip Code 37421-7430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Corporation Occupation (for Individual) VP Business Intergration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2023
Transaction ID : AD839C99358B240D1836
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$100.00/Monthly

C. Sutton, Scott, McDougald, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Chateau Oaks
 City Saint Louis State MO Zip Code 63124-1674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Corporation Occupation (for Individual) Chairman President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 31 / 2023
Transaction ID : A9C890FF7C16F44768B8
 Amount of Each Receipt this Period 384.60
 Memo Item
 Payroll Deduction: \$384.60/Monthly

SUBTOTAL of Receipts This Page (optional).....	564.60
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 13
	<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. Stock, Michael, E., , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Pin Oak Dr
 City Oxford State MS Zip Code 38655-6053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Winchester Occupation (for Individual) General Manager Oxford
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 03 / 31 / 2023
Transaction ID : AC6276EEE32494AC2845
 Amount of Each Receipt this Period 110.00
 Memo Item
 Payroll Deduction: \$110.00/Monthly

B. Muse, Elizabeth, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37315 Cypress Hollow Ave
 City Prairieville State LA Zip Code 70769-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin ChlorAlkali Products Occupation (for Individual) Director Global Process Safety
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2023
Transaction ID : AF0ED93518AA648B5937
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$100.00/Monthly

C. Baker, Timothy, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12407 Somersworth Dr
 City Knoxville State TN Zip Code 37934-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin ChlorAlkali Products Occupation (for Individual) Director Quality
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2023
Transaction ID : AB5878E3BACAE46DB9B7
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$80.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	290.00
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 10 OF 13
<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

A. Tubre, Jaclyn, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4831 Wilkinson Ln
 City Manvel State TX Zip Code 77578-1757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cube Operations LLC Occupation (for Individual) Texas Site Operations Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2023
Transaction ID : AB55C9CFF6CD34890A42
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$100.00/Monthly

B. Sumner, Randee, Nichole, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Warwick Park Ln
 City Edwardsville State IL Zip Code 62025-3892
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Corporation Occupation (for Individual) VP & Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 31 / 2023
Transaction ID : A51C7E1DCF85348AE924
 Amount of Each Receipt this Period 170.00
 Memo Item
 Payroll Deduction: \$170.00/Monthly

C. Meenan, John, Michael, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3501 Shepherd St
 City Chevy Chase State MD Zip Code 20815-3221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Corporation Occupation (for Individual) Director Global Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2023
Transaction ID : A145EBF460D81440B942
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	420.00
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 11 OF 13
<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

A. Cosmi, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13109 Harborview Dr
 City Linden State MI Zip Code 48451-9496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cube Operations Occupation (for Individual) VP Global Epoxy R&D/Mid/Downstream
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 03 / 31 / 2023
Transaction ID : A961B9C1C1A284C98B58
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$80.00/Monthly

B. Vermillion, Teresa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12984 Fiddle Creek Ln
 City Saint Louis State MO Zip Code 63131-1721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Corporation Occupation (for Individual) VP & Treasurer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 825.00

Date of Receipt 03 / 31 / 2023
Transaction ID : A81174D1CA1024E0B830
 Amount of Each Receipt this Period 325.00
 Memo Item
 Payroll Deduction: \$325.00/Monthly

C. Cashwell, James, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7335 Lazy Brook Ct
 City Ooltewah State TN Zip Code 37363-9477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Corporation Occupation (for Individual) Director Enviromental Remediation
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 31 / 2023
Transaction ID : A76C5CE88D27A4455941
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	505.00
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 12 OF 13
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OLIN CORPORATION GOOD GOVERNMENT FUND

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slater, Todd, , ,

Mailing Address 6229 Timberwolfe Dr

City Glen Carbon	State IL	Zip Code 62034-1381
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Olin Corporation	Occupation (for Individual) SVP CFO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	31	/	2023

Transaction ID : A125B01752A064B0EA9D

Amount of Each Receipt this Period
400.00

Memo Item
Payroll Deduction: \$400.00/Monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	5929.60

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)

Form with checkboxes for line numbers 21b, 21c, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30a, 30b. Line 23 is checked.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
OLIN CORPORATION GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. MARK ALFORD FOR CONGRESS, INC.

Mailing Address PO BOX 1428

City RAYMORE State MO Zip Code 64083

Purpose of Disbursement Political Contribution

011
Category/Type

Candidate Name Alford, Mark, , ,

Office Sought: [X] House [] Senate [] President
Disbursement For: 2024
[X] Primary [] General [] Other (specify)
State: MO District: 04

Date of Disbursement
03 / 13 / 2023

FEC Identification Number
C00792598
Transaction ID : B3FF8E59C5
Amount of Each Disbursement this Period
2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. WICKER FOR SENATE

Mailing Address PO BOX 64

City JACKSON State MS Zip Code 39205

Purpose of Disbursement Political Contribution

011
Category/Type

Candidate Name Wicker, Roger, Sen, ,

Office Sought: [] House [X] Senate [] President
Disbursement For: 2024
[X] Primary [] General [] Other (specify)
State: MS District:

Date of Disbursement
03 / 13 / 2023

FEC Identification Number
C00443218
Transaction ID : BE09396781C
Amount of Each Disbursement this Period
5000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. DIRIGO PAC

Mailing Address PO BOX 1355

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement Political Contribution

011
Category/Type

Candidate Name DIRIGO PAC

Office Sought: [] House [] Senate [] President
Disbursement For: 2023
[] Primary [] General [X] Other (specify)
State: District: Other

Date of Disbursement
03 / 24 / 2023

FEC Identification Number
C00391797
Transaction ID : B9EF11A04C
Amount of Each Disbursement this Period
2500.00

[] Memo Item

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

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

10000.00
10000.00