

**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

Clayton MO 63105

Check if different than previously reported. (ACC)

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 [MM] / [DD] / [YYYY] in the State of []

(d) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2020 through [MM] / [DD] / [YYYY] 03 / 31 / 2020

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, A, Mr.,

Type or Print Name of Treasurer

Signature of Treasurer Slater, Todd, A, Mr., [Electronically Filed] Date 04 / 14 / 2020

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="2020"/>	<input type="text" value="51000.03"/>	<input type="text" value="51000.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="51000.03"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8419.00"/>	<input type="text" value="8419.00"/>
(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="59419.03"/>	<input type="text" value="59419.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3558.25"/>	<input type="text" value="3558.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="55860.78"/>	<input type="text" value="55860.78"/>
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: 01 / 01 / 2020 To: 03 / 31 / 2020

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).....	3640.00	3640.00
(ii) Unitemized	4779.00	4779.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8419.00	8419.00
(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)	8419.00	8419.00
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)).....▶	8419.00	8419.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8419.00	8419.00

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.....	3500.00	3500.00
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).....	58.25	58.25
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)) ..	3558.25	3558.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3558.25	3558.25

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)	8419.00	8419.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8419.00	8419.00
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

Due to a discrepancy between this report's ending balance and the Olin Good Government Fund's bank statement, the Olin Good Government Fund anticipates that it will need to amend this report to correct the discrepancy.

Form/Schedule:

Transaction ID:

**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 14
	(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"/> 15
	<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. Averill, Barry, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27702 Stonehurst Lane
 City Katy State TX Zip Code 77494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cube Operations LLC Occupation (for Individual) VP, Chemicals Mfg.-Ldr., Global M&E C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **03 / 31 / 2020**
Transaction ID : SA11AI.7894
 Amount of Each Receipt this Period 90.00
 Memo Item Contribution

B. Blanchard, Eric, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8025 Bonhomme Avenue
 City Clayton State MO Zip Code 63105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Corporation Occupation (for Individual) VP; Gen Counsel & Sec, Cop. Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 29 / 2020**
Transaction ID : SA11AI.7833
 Amount of Each Receipt this Period 200.00
 Memo Item Contribution

C. Blanchard, Eric, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8025 Bonhomme Avenue
 City Clayton State MO Zip Code 63105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Corporation Occupation (for Individual) VP; Gen Counsel & Sec, Cop. Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **03 / 31 / 2020**
Transaction ID : SA11AI.7880
 Amount of Each Receipt this Period 200.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	490.00
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 14
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Bradley, Monica, L, ,		Date of Receipt MM / DD / YYYY 01 / 31 / 2020
Mailing Address 16407 Porpoise Ct.		Transaction ID : SA11AI.7696
City Crosby	State TX	Zip Code 77532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) Blue Cube Operations LLC	Occupation (for Individual) Human Resource Dir. - North America	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bradley, Monica, L, ,		Date of Receipt MM / DD / YYYY 02 / 29 / 2020
Mailing Address 16407 Porpoise Ct.		Transaction ID : SA11AI.7848
City Crosby	State TX	Zip Code 77532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) Blue Cube Operations LLC	Occupation (for Individual) Human Resource Dir. - North America	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bradley, Monica, L, ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2020
Mailing Address 16407 Porpoise Ct.		Transaction ID : SA11AI.7895
City Crosby	State TX	Zip Code 77532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer (for Individual) Blue Cube Operations LLC	Occupation (for Individual) Human Resource Dir. - North America	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 14
<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. Cagle, Paul, A., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 Cherrywood Court
 City Lake Jackson State TX Zip Code 77566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cube Operations Occupation (for Individual) Production Director-Ldr
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 03 / 31 / 2020
Transaction ID : SA11AI.7897
 Amount of Each Receipt this Period 80.00
 Memo Item Contribution

B. Fischer, John, E.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 Carondelet Plaza Unit 503
 City Clayton State MO Zip Code 63105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Corporation Occupation (for Individual) Chairman, Pres. & CEO, CFO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 270.00

Date of Receipt 03 / 31 / 2020
Transaction ID : SA11AI.7884
 Amount of Each Receipt this Period 90.00
 Memo Item Contribution

C. Lowe, Duane, E.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8075 Vagabond Lane N
 City Maple Grove State MN Zip Code 55311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Winchester Occupation (for Individual) Dir.; Strategic Operations
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 31 / 2020
Transaction ID : SA11AI.7908
 Amount of Each Receipt this Period 100.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	270.00
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 14
<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. McIntosh, John, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 Anatole LN NW
 City Cleveland State TN Zip Code 37312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Corporation Occupation (for Individual) Sr. Vice President; Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 31 / 2020
Transaction ID : SA11AI.7688
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

B. McIntosh, John, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 Anatole LN NW
 City Cleveland State TN Zip Code 37312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Corporation Occupation (for Individual) Sr. Vice President; Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 29 / 2020
Transaction ID : SA11AI.7839
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

C. McIntosh, John, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 Anatole LN NW
 City Cleveland State TN Zip Code 37312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Corporation Occupation (for Individual) Sr. Vice President; Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 31 / 2020
Transaction ID : SA11AI.7886
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	900.00
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 14
<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. Meenan, John, M, , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3501 Shepherd Street

City Chevy Chase	State MD	Zip Code 20815
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Olin Corporation	Occupation (for Individual) Director; Government Affairs
---	---

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
02	/	29	/	2020

Transaction ID : SA11AI.7840

Amount of Each Receipt this Period
150.00

Memo Item Contribution

B. Meenan, John, M, , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3501 Shepherd Street

City Chevy Chase	State MD	Zip Code 20815
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Olin Corporation	Occupation (for Individual) Director; Government Affairs
---	---

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
03	/	31	/	2020

Transaction ID : SA11AI.7887

Amount of Each Receipt this Period
150.00

Memo Item Contribution

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

Mailing Address 27710 Charter Lake Lane

City Katy	State TX	Zip Code 77494
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cube Operations LLC	Occupation (for Individual) Senior V.P. - Business Operations
---	--

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
02	/	29	/	2020

Transaction ID : SA11AI.7853

Amount of Each Receipt this Period
200.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	500.00
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 12 OF 14
<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. Sampson, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27710 Charter Lake Lane
 City Katy State TX Zip Code 77494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cube Operations LLC Occupation (for Individual) Senior V.P. - Business Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.7900
 Amount of Each Receipt this Period 200.00
 Memo Item
 Contribution

B. Scott, Leonard, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9234 Mountain Shade Drive
 City Chattanooga State TN Zip Code 37421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Corporation Occupation (for Individual) VP, Business Integration, COO
 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 / 2020
Transaction ID : SA11AI.7891
 Amount of Each Receipt this Period 100.00
 Memo Item
 Contribution

C. Slater, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6229 Tiberwolfe Drive
 City Glen Carbon State IL Zip Code 62034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olin Corporation Occupation (for Individual) VP & CFO
 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 / 2020
Transaction ID : SA11AI.7892
 Amount of Each Receipt this Period 100.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	400.00
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 13 OF 14
	<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	<input type="checkbox"/> 17

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

A. Trager, Richard, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2393 N Trail road
 City Midland State MI Zip Code 48642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cube Operations LLC Occupation (for Individual) V.P., Global Services & Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.7902
 Amount of Each Receipt this Period
 80.00
 Memo Item
 Contribution

B. Varilek, James, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 413 Wythe House Court
 City Creve Coeur State MO Zip Code 63141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cube Operations LLC Occupation (for Individual) Epoxy V.P., CAPV Services
 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 / 2020
Transaction ID : SA11AI.7903
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Contribution

C. Wilson, Gregory, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2127 Windport Lane
 City St. Louis State MO Zip Code 63146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cube Operations LLC Occupation (for Individual) V.P., Finance-Epoxy & Internal
 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 / 2020
Transaction ID : SA11AI.7904
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	280.00
TOTAL This Period (last page this line number only).....	3640.00

**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"/> 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

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. ANN WAGNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 50

M M M	/	D D D	/	Y Y Y Y Y
03		01		2020

City BALLWIN State DC Zip Code 63022

FEC Identification Number

Purpose of Disbursement Contribution

C	C00495846
---	-----------

Candidate Name
ANN WAGNER FOR CONGRESS

011
Category/Type

Transaction ID : SB23.7917

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: MO District: 02

1000.00

Memo Item

B. CAPITO FOR WEST VIRGINIA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 11519

M M M	/	D D D	/	Y Y Y Y Y
03		01		2020

City CHARLESTON State WV Zip Code 25339

FEC Identification Number

Purpose of Disbursement Contribution

C	C00539825
---	-----------

Candidate Name
CAPITO FOR WEST VIRGINIA

011
Category/Type

Transaction ID : SB23.7915

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: WV District: 00

2500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

--

Memo Item

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

3500.00

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

3500.00
