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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Olin Corporation Good Government Fund 190 Carondelet Plaza ADDRESS (number and street) Suite 1530 (Check if address is changed) Clayton 63105 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS etanner@olin.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00002790 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement 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 Slater, Todd, A, Mr., [Electronically Filed] 04 26 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	·		- 3
Olin Corporation	n Good Government F	und	
•	rganization, Affiliated Committee, Joint Fu		e, or Leadership PAC Sponsor
Olin Corporation			
	600 Power Mill Road		
Mailing Address			
	East Alton		62024-1273
	CITY	STATE	ZIP CODE
Relationship: x Connected	Organization Affiliated Committee J	oint Fundraising Represer	tative Leadership PAC Sponsor
. Custodian of Records: Iden books and records.	tify by name, address (phone number opt	ional) and position of the	person in possession of committee
Tanner, En	nily, , ,		
	190 Carondelet Plaza		
Mailing Address	Suite 1530		
	Clayton	MO	63105
Title or Position	CITY	CTATE	710 0005
THE OF PUSHION	CITY	STATE	ZIP CODE
Exec. Legal Assist.		Telephone number	314 - 480 - 1466
B. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the ssistant treasurer).	treasurer of the committe	e; and the name and address of
Full Name Slater, Todo of Treasurer	d, A, Mr.,		<u>, , , , , , , , , , , , , , 1</u>
Mailing Address	600 Powder Mill Road		
Č			
	East Alton		62024-1273
Title or Position	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	618 - 258 - 2834

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Full Name of Designated	Kromidas, Larry, B, Mr.,	
Agent		
Mailing Address	600 Powder Mill Road	
	East Alton IL 62024-32	206
	CITY STATE 2	ZIP CODE
Title or Position Assistant Treas	urer 618	258 3206
	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.	
Name of Bank, I	Depository, etc. Bank of America	
	Depository, etc.	
Name of Bank, I	Depository, etc. Bank of America P.O. Box 25118	
Name of Bank, I	Depository, etc. Bank of America	18
Name of Bank, I	Depository, etc. Bank of America P.O. Box 25118 Tampa FL 33622-51	18
Name of Bank, I	Depository, etc. Bank of America P.O. Box 25118 Tampa FL 33622-51 CITY STATE	
Name of Bank, I	Depository, etc. Bank of America P.O. Box 25118 Tampa FL 33622-51 CITY STATE	
Name of Bank, I	Depository, etc. Bank of America	
Name of Bank, I	Depository, etc. Bank of America	
Name of Bank, I	Depository, etc. Bank of America	