

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Olin Corporation Good Government Fund

ADDRESS (number and street) 600 Powder Mill Road Check if different than previously reported. (ACC) East Alton IL 62024 1273

2. FEC IDENTIFICATION NUMBER C00002790 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Todd A Slater

Signature of Treasurer Electronically Filed by Mr. Todd A Slater Date 03 24 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Olin Corporation Good Government Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		28509.45
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	30179.31									
(c) Total Receipts (from Line 19) .....	3703.48	7531.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	33882.79	36040.63								
7. Total Disbursements (from Line 31) .....	1914.03	4071.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	31968.76	31968.76								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Olin Corporation Good Government Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	2627.48	4626.81
(ii) Unitemized .....	1076.00	2904.37
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3703.48	7531.18
(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) .....	3703.48	7531.18
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 Transfer (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)) .....	3703.48	7531.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3703.48	7531.18

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	164.03	164.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	164.03	164.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	2500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	250.00	1407.84
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	1914.03	4071.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1914.03	4071.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 16

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) .....	3703.48	7531.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3703.48	7531.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	164.03	164.03
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	164.03	164.03

# 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 / 16
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Hassan Arabghani		Date of Receipt
	Mailing Address 5535 Mountain Breeze Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Chattanooga	TN	37421
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4256
Name of Employer Olin Chlor Alkali Products		Occupation V.P.; Bus. Dev. & Strategy	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00	<input type="text"/> 18.00
Payroll Deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey A Brantley		Date of Receipt
	Mailing Address 187 Champion Drive N.W.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 3 0 / 2 0 0 9
	City	State	Zip Code
	Cleveland	TN	37312
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4235
Name of Employer Olin Chlor Alkali Products		Occupation Dir.; Information Sys.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00
Payroll Deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey A Brantley		Date of Receipt
	Mailing Address 187 Champion Drive N.W.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Cleveland	TN	37312
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4257
Name of Employer Olin Chlor Alkali Products		Occupation Dir.; Information Sys.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 20.00
Payroll Deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 58.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16  
(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

**A.** Full Name (Last, First, Middle Initial)  
Norma G Holm  
Mailing Address 2278 Tennessee Nursery Road  
City Cleveland State TN Zip Code 37311  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Olin Chlor Alkali Products Occupation Dir.; Human Resources-Operation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt 11 / 30 / 2009  
Transaction ID: SA11AI.4238  
Amount of Each Receipt this Period 20.00  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Norma G Holm  
Mailing Address 2278 Tennessee Nursery Road  
City Cleveland State TN Zip Code 37311  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Olin Chlor Alkali Products Occupation Dir.; Human Resources-Operation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 12 / 31 / 2009  
Transaction ID: SA11AI.4260  
Amount of Each Receipt this Period 20.00  
Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Thomas J O'Keefe  
Mailing Address 336 Westminster  
City Glen Carbon State IL Zip Code 62034  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Olin Corporation - Winchester Occupation V.P.; Mfg. Oper & Planning  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 418.53  
Date of Receipt 07 / 31 / 2009  
Transaction ID: SA11AI.4162  
Amount of Each Receipt this Period 59.79  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 99.79  
**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 8 / 16  
(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

**A.** Full Name (Last, First, Middle Initial)  
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: Olin Corporation - Winchester  
Occupation: V.P.; Mfg. Oper & Planning

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 478.32

Date of Receipt: 08 / 31 / 2009  
**Transaction ID:** SA11AI.4186  
 Amount of Each Receipt this Period: 59.79  
 Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
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: Olin Corporation - Winchester  
Occupation: V.P.; Mfg. Oper & Planning

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.80

Date of Receipt: 09 / 30 / 2009  
**Transaction ID:** SA11AI.4208  
 Amount of Each Receipt this Period: 62.48  
 Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
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: Olin Corporation - Winchester  
Occupation: V.P.; Mfg. Oper & Planning

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 603.28

Date of Receipt: 10 / 31 / 2009  
**Transaction ID:** SA11AI.4232  
 Amount of Each Receipt this Period: 62.48  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 184.75

**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 9 / 16  
(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

**A.** Full Name (Last, First, Middle Initial)  
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: Olin Corporation - Winchester  
Occupation: V.P.; Mfg. Oper & Planning

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 665.76

Date of Receipt: 11 / 30 / 2009  
**Transaction ID:** SA11AI.4254  
 Amount of Each Receipt this Period: 62.48  
 Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
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: Olin Corporation - Winchester  
Occupation: V.P.; Mfg. Oper & Planning

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 728.24

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** SA11AI.4276  
 Amount of Each Receipt this Period: 62.48  
 Payroll Deduction

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

Mailing Address 10918 Conway Road

City State Zip Code  
Frontenac MO 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 ▼ 2006.62

Date of Receipt: 07 / 31 / 2009  
**Transaction ID:** SA11AI.4149  
 Amount of Each Receipt this Period: 286.66  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **411.62**

**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 / 16
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph D Rupp		Date of Receipt
	Mailing Address 10918 Conway Road		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Frontenac	MO	63131
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4179
Name of Employer Olin Corporation		Occupation Chairman; President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="286.66"/>
		<input type="text" value="2293.28"/>	Payroll Deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph D Rupp		Date of Receipt
	Mailing Address 10918 Conway Road		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Frontenac	MO	63131
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4201
Name of Employer Olin Corporation		Occupation Chairman; President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="286.66"/>
		<input type="text" value="2579.94"/>	Payroll Deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph D Rupp		Date of Receipt
	Mailing Address 10918 Conway Road		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Frontenac	MO	63131
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4224
Name of Employer Olin Corporation		Occupation Chairman; President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="286.66"/>
		<input type="text" value="2866.60"/>	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="859.98"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 / 16
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph D Rupp		Date of Receipt
	Mailing Address 10918 Conway Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Frontenac	MO	63131
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4247
Name of Employer Olin Corporation		Occupation Chairman; President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 3153.26	Payroll Deduction
			<input type="text"/> 286.66

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph D Rupp		Date of Receipt
	Mailing Address 10918 Conway Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Frontenac	MO	63131
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4269
Name of Employer Olin Corporation		Occupation Chairman; President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 3499.94	Payroll Deduction
			<input type="text"/> 346.68

<b>C.</b>	Full Name (Last, First, Middle Initial) Julia T Saunders		Date of Receipt
	Mailing Address 1600 Leeland Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Knoxville	TN	37919
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4136
Name of Employer Olin Chlor Alkali Products		Occupation Mgr.; Logistics	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 350.00	Payroll Deduction
			<input type="text"/> 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 683.34
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 16
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Julia T Saunders		Date of Receipt
	Mailing Address 1600 Leeland Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 31 / 2009
	City	State	Zip Code
	Knoxville	TN	37919
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4174
Name of Employer Olin Chlor Alkali Products		Occupation Mgr.; Logistics	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 50.00
Payroll Deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Julia T Saunders		Date of Receipt
	Mailing Address 1600 Leeland Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009
	City	State	Zip Code
	Knoxville	TN	37919
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4196
Name of Employer Olin Chlor Alkali Products		Occupation Mgr.; Logistics	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 50.00
Payroll Deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Julia T Saunders		Date of Receipt
	Mailing Address 1600 Leeland Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 31 / 2009
	City	State	Zip Code
	Knoxville	TN	37919
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4219
Name of Employer Olin Chlor Alkali Products		Occupation Mgr.; Logistics	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 50.00
Payroll Deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 150.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 / 16
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Julia T Saunders		Date of Receipt
	Mailing Address 1600 Leeland Way		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Knoxville	TN	37919
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4242
		Amount of Each Receipt this Period	
		<input type="text" value="50.00"/>	
Name of Employer Olin Chlor Alkali Products		Occupation Mgr.; Logistics	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="550.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Julia T Saunders		Date of Receipt
	Mailing Address 1600 Leeland Way		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Knoxville	TN	37919
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4264
		Amount of Each Receipt this Period	
		<input type="text" value="50.00"/>	
Name of Employer Olin Chlor Alkali Products		Occupation Mgr.; Logistics	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="600.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jon E Thorstenson		Date of Receipt
	Mailing Address 57 Middle Creek		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Signal Mountain	TN	37377
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4244
		Amount of Each Receipt this Period	
		<input type="text" value="20.00"/>	
Name of Employer Olin Chlor Alkali Products		Occupation V.P.; Sales & Marketing	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="220.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="120.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 / 16
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jon E Thorstenson	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 57 Middle Creek	<b>Transaction ID:</b> SA11AI.4266
	City State Zip Code Signal Mountain TN 37377	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer Occupation Olin Chlor Alkali Products V.P.; Sales & Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas E Tirabassi	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 3153 Reflection Lane	<b>Transaction ID:</b> SA11AI.4245
	City State Zip Code Ooltewah TN 37363	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer Occupation Olin Chlor Alkali Products Dir.; Logistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas E Tirabassi	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3153 Reflection Lane	<b>Transaction ID:</b> SA11AI.4267
	City State Zip Code Ooltewah TN 37363	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer Occupation Olin Chlor Alkali Products Dir.; Logistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	2627.48

**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)

PAGE 15 / 16

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Beiser Mailing Address P.O. Box 172 City Alton State IL Zip Code 62002 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4455 Date of Disbursement 09 / 09 / 2009
	Amount of Each Disbursement this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) COSTELLO FOR CONGRESS COMMITTEE Mailing Address P. O. BOX 8250 City BELLEVILLE State IL Zip Code 62222 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4447 Date of Disbursement 09 / 30 / 2009
	Amount of Each Disbursement this Period 1000.00

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

1500.00

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

1500.00

**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)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)  
Republican State Senate Campaign Committee (RSSCC)

Transaction ID: SB29.4474

Date of Disbursement

Mailing Address P.O. Box 3422

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	9

City Springfield State IL Zip Code 62708

Amount of Each Disbursement this Period

250.00
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Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

250.00
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**TOTAL** This Period (last page this line number only) ..... ►

250.00
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