

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) 427 N. Shamrock Street
 Check if different than previously reported. (ACC)
East Alton IL 62024

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly 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 (12G)
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 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 Krygier J. Edward, Jr.

Signature of Treasurer Electronically Filed by Krygier J. Edward, Jr. Date 01 29 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							
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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 TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	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.....	1750.00	2750.00
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.....	164.03	1321.87
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)

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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)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Hassan Arabghani
 Mailing Address 5535 Mountain Breeze Drive
 City State Zip Code
 Chattanooga TN 37421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Olin Chlor Alkali Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00
 Date of Receipt: MM / DD / YYYY 12 / 31 / 2009
Transaction ID: SA11AI.4256
 Amount of Each Receipt this Period 18.00
 Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Jeffrey A Brantley
 Mailing Address 187 Champion Drive N.W.
 City State Zip Code
 Cleveland TN 37312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Olin Chlor Alkali Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00
 Date of Receipt: MM / DD / YYYY 11 / 30 / 2009
Transaction ID: SA11AI.4235
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Jeffrey A Brantley
 Mailing Address 187 Champion Drive N.W.
 City State Zip Code
 Cleveland TN 37312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Olin Chlor Alkali Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00
 Date of Receipt: MM / DD / YYYY 12 / 31 / 2009
Transaction ID: SA11AI.4257
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 58.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 15
(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"/> 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

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

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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15
(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

<p>A. Full Name (Last, First, Middle Initial) Thomas J O'Keefe</p> <p>Mailing Address 336 Westminster</p> <p>City State Zip Code Glen Carbon IL 62034</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Olin Corporation - Winchester</p> <p>Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 478.32</p>	<p>Date of Receipt 08 / 31 / 2009</p> <p>Transaction ID: SA11AI.4186</p> <p>Amount of Each Receipt this Period 59.79</p> <p>Payroll Deduction</p>
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<p>B. Full Name (Last, First, Middle Initial) Thomas J O'Keefe</p> <p>Mailing Address 336 Westminster</p> <p>City State Zip Code Glen Carbon IL 62034</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Olin Corporation - Winchester</p> <p>Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 540.80</p>	<p>Date of Receipt 09 / 30 / 2009</p> <p>Transaction ID: SA11AI.4208</p> <p>Amount of Each Receipt this Period 62.48</p> <p>Payroll Deduction</p>
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<p>C. Full Name (Last, First, Middle Initial) Thomas J O'Keefe</p> <p>Mailing Address 336 Westminster</p> <p>City State Zip Code Glen Carbon IL 62034</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Olin Corporation - Winchester</p> <p>Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 603.28</p>	<p>Date of Receipt 10 / 31 / 2009</p> <p>Transaction ID: SA11AI.4232</p> <p>Amount of Each Receipt this Period 62.48</p> <p>Payroll Deduction</p>
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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: (check only one)	PAGE 9 / 15
	<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.	Full Name (Last, First, Middle Initial) Thomas J O'Keefe	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 336 Westminster	Transaction ID: SA11AI.4254
	City State Zip Code Glen Carbon IL 62034	Amount of Each Receipt this Period 62.48
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer: Olin Corporation - Winchester Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 665.76	

B.	Full Name (Last, First, Middle Initial) Thomas J O'Keefe	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 336 Westminster	Transaction ID: SA11AI.4276
	City State Zip Code Glen Carbon IL 62034	Amount of Each Receipt this Period 62.48
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer: Olin Corporation - Winchester Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 728.24	

C.	Full Name (Last, First, Middle Initial) Joseph D Rupp	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 10918 Conway Road	Transaction ID: SA11AI.4149
	City State Zip Code Frontenac MO 63131	Amount of Each Receipt this Period 286.66
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer: Olin Corporation Occupation: Chmn., Pres. & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2006.62	

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 / 15
	<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.	Full Name (Last, First, Middle Initial) Joseph D Rupp	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 10918 Conway Road	Transaction ID: SA11AI.4179
	City State Zip Code Frontenac MO 63131	Amount of Each Receipt this Period 286.66
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer Occupation Olin Corporation Chmn., Pres. & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2293.28	

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

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

SUBTOTAL of Receipts This Page (optional)	▶	859.98
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 15
(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)
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 Occupation
Olin Corporation Chmn., Pres. & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3153.26

Date of Receipt
MM / DD / YYYY
11 / 30 / 2009

Transaction ID: SA11AI.4247

Amount of Each Receipt this Period
286.66

Payroll Deduction

B. 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 Occupation
Olin Corporation Chmn., Pres. & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3499.94

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.4269

Amount of Each Receipt this Period
346.68

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Julia T Saunders
Mailing Address 1600 Leeland Way

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
Olin Chlor Alkali Products

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.4136

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶ **683.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 15
(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"/>	17
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NAME OF COMMITTEE (In Full)
Olin Corporation Good Government Fund

A.

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

Mailing Address 1600 Leeland Way

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
Olin Chlor Alkali Products

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: SA11AI.4174

Amount of Each Receipt this Period
50.00

Payroll Deduction

B.

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

Mailing Address 1600 Leeland Way

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
Olin Chlor Alkali Products

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: SA11AI.4196

Amount of Each Receipt this Period
50.00

Payroll Deduction

C.

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

Mailing Address 1600 Leeland Way

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
Olin Chlor Alkali Products

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2009

Transaction ID: SA11AI.4219

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 15
(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"/>	17
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NAME OF COMMITTEE (In Full)
Olin Corporation Good Government Fund

A.

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

Mailing Address 1600 Leeland Way

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
Olin Chlor Alkali Products

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2009

Transaction ID: SA11AI.4242

Amount of Each Receipt this Period
50.00

Payroll Deduction

B.

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

Mailing Address 1600 Leeland Way

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
Olin Chlor Alkali Products

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.4264

Amount of Each Receipt this Period
50.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Jon E Thorstenson

Mailing Address 57 Middle Creek

City State Zip Code
Signal Mountain TN 37377

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

Name of Employer Occupation
Olin Chlor Alkali Products

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2009

Transaction ID: SA11AI.4244

Amount of Each Receipt this Period
20.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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 14 / 15
	<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.	Full Name (Last, First, Middle Initial) Jon E Thorstenson	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 57 Middle Creek	Transaction ID: 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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Thomas E Tirabassi	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 3153 Reflection Lane	Transaction ID: 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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) Thomas E Tirabassi	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3153 Reflection Lane	Transaction ID: 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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL 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 / 15

<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

A.	Full Name (Last, First, Middle Initial) Citizens for Beiser	Transaction ID: SB23.4455 Date of Disbursement 09 / 09 / 2009
	Mailing Address P.O. Box 172	Amount of Each Disbursement this Period 500.00
	City Alton State IL Zip Code 62002	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) COSTELLO FOR CONGRESS COMMITTEE	Transaction ID: SB23.4447 Date of Disbursement 09 / 30 / 2009
	Mailing Address P. O. BOX 8250	Amount of Each Disbursement this Period 1000.00
	City BELLEVILLE State IL Zip Code 62222	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Republican State Senate Campaign Committee (RSSCC)	Transaction ID: SB23.4451 Date of Disbursement 09 / 09 / 2009
	Mailing Address P.O. Box 3422	Amount of Each Disbursement this Period 250.00
	City Springfield State IL Zip Code 62708	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	1750.00