

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 04 01 2009 through 06 30 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 Edward J. Krygier, Jr.

Signature of Treasurer Electronically Filed by Edward J. Krygier, Jr. Date 07 13 2009

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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	30470.80									
(c) Total Receipts (from Line 19)	1866.35	3827.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32337.15	32337.15								
7. Total Disbursements (from Line 31)	2157.84	2157.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30179.31	30179.31								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

OLIN CORPORATION GOOD GOVERNMENT FUND

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1139.35	1999.33
(ii) Unitemized	727.00	1828.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1866.35	3827.70
(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)	1866.35	3827.70
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))	1866.35	3827.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1866.35	3827.70

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.....	1000.00	1000.00
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.....	1157.84	1157.84
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))..	2157.84	2157.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2157.84	2157.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	1866.35	3827.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1866.35	3827.70
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 / 10
(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)
Mr. 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: VP, Manufacturing Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.16

Date of Receipt: 04 / 30 / 2009
Transaction ID: SA11AI.5216
 Amount of Each Receipt this Period: 59.79
 Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. 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: VP, Manufacturing Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 298.95

Date of Receipt: 05 / 31 / 2009
Transaction ID: SA11AI.5238
 Amount of Each Receipt this Period: 59.79
 Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. 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: VP, Manufacturing Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 358.74

Date of Receipt: 06 / 30 / 2009
Transaction ID: SA11AI.5260
 Amount of Each Receipt this Period: 59.79
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 179.37

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 / 10
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<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.	Full Name (Last, First, Middle Initial) Mr. Joseph D. Rupp		Date of Receipt																					
	Mailing Address 10918 Conway Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		3	0		2	0	0	9														
	City State Zip Code Frontenac MO 63131		Transaction ID: SA11AI.5209																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 286.66																						
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 ▼ 1146.64																						
		Payroll Deduction																						

B.	Full Name (Last, First, Middle Initial) Mr. Joseph D. Rupp		Date of Receipt																					
	Mailing Address 10918 Conway Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		3	1		2	0	0	9														
	City State Zip Code Frontenac MO 63131		Transaction ID: SA11AI.5231																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 286.66																						
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 ▼ 1433.30																						
		Payroll Deduction																						

C.	Full Name (Last, First, Middle Initial) Mr. Joseph D. Rupp		Date of Receipt																					
	Mailing Address 10918 Conway Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	0	9														
	City State Zip Code Frontenac MO 63131		Transaction ID: SA11AI.5253																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 286.66																						
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 ▼ 1719.96																						
		Payroll Deduction																						

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 10
(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)
Ms. 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 Corporation, Chlor Alkali Mgr., Transportation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: SA11AI.5226

Amount of Each Receipt this Period 50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. 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 Corporation, Chlor Alkali Mgr., Transportation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.5248

Amount of Each Receipt this Period 50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ► 1139.35

**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"/> 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) Southern Illinois PAC		Transaction ID: SB23.5262	
	Mailing Address P.O. Box 349		Date of Disbursement MM / DD / YYYY 04 / 27 / 2009	
City Wood River		State IL	Zip Code 62095	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period 1000.00	
Candidate Name			011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

**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 10 / 10

<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) Bank of America, N.A.	Transaction ID: SB29.5270 Date of Disbursement
	Mailing Address P.O. Box 25118	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Tampa State FL Zip Code 33622-5118	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	<input type="text" value="57.84"/>
	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) Hon. KYLE MCCARTER	Transaction ID: SB29.5267 Date of Disbursement
	Mailing Address C/O RSSCC P.O. BOX 3422	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City SPRINGFIELD State IL Zip Code 62708	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) State of Tennessee	Transaction ID: SB29.5269 Date of Disbursement
	Mailing Address Registry of Election Finance 404 James Robertson Parkway	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Nashville State TN Zip Code 37243-1360	Amount of Each Disbursement this Period
	Purpose of Disbursement Annual Fee	<input type="text" value="100.00"/>
	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)	<input type="text" value="1157.84"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1157.84"/>