

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 East Alton IL 62024 Check if different than previously reported. (ACC)

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, 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 11 28 2006 through 12 31 2006

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

Signature of Treasurer Electronically Filed by Edward J. Krygier Date 01 30 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Olin Corporation Good Government Fund

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		25936.30
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	33421.26									
(c) Total Receipts (from Line 19) .....	1487.07	10047.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	34908.33	35983.33								
7. Total Disbursements (from Line 31) .....	1000.00	2075.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	33908.33	33908.33								
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**

Write or Type Committee Name  
Olin Corporation Good Government Fund

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	962.36	4458.04
(i) Itemized (use Schedule A) .....	467.00	3990.36
(ii) Unitemized .....	1429.36	8448.40
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1429.36	8448.40
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) .....	57.71	1598.63
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)) .....	1487.07	10047.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1487.07	10047.03

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	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.....	2000.00	2000.00
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.....	-1000.00	75.00
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))..	1000.00	2075.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1000.00	2075.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	1429.36	8448.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1429.36	8448.40
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) .....	57.71	1598.63
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-57.71	-1598.63

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Hassan Arabghani		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 5535 Mountain Breeze Drive		Transaction ID: R31261
City State Zip Code Chattanooga TN 37421	Amount of Each Receipt this Period 18.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Occupation Olin Corporation	Aggregate Year-to-Date ▼ 216.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Hassan Arabghani		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 5535 Mountain Breeze Drive		Transaction ID: R31299
City State Zip Code Chattanooga TN 37421	Amount of Each Receipt this Period 18.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Occupation Olin Corporation	Aggregate Year-to-Date ▼ 216.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Dennis R McGough		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 13319 Fairfield Circle Drive		Transaction ID: R31270
City State Zip Code Town And Country MO 63017	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Occupation Olin Corporation	Aggregate Year-to-Date ▼ 532.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	86.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 15
	<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) Mr. Dennis R McGough		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 13319 Fairfield Circle Drive		<b>Transaction ID:</b> R31308	
City State Zip Code Town And Country MO 63017	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation Olin Corporation	Aggregate Year-to-Date ▼ 532.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Daniel J O'Keefe		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1800 Lincoln Knolls		<b>Transaction ID:</b> R31255	
City State Zip Code Edwardsville IL 62025	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation Olin Corporation	Aggregate Year-to-Date ▼ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Daniel J O'Keefe		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 1800 Lincoln Knolls		<b>Transaction ID:</b> R31293	
City State Zip Code Edwardsville IL 62025	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation Olin Corporation	Aggregate Year-to-Date ▼ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 15
	<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) Mr. Thomas J O'Keefe		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 336 Westminster		<b>Transaction ID:</b> R31283	
City State Zip Code Glen Carbon IL 62034		Amount of Each Receipt this Period 54.75	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer Occupation Olin Corporation		Aggregate Year-to-Date ▼ 609.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Thomas J O'Keefe		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 336 Westminster		<b>Transaction ID:</b> R31321	
City State Zip Code Glen Carbon IL 62034		Amount of Each Receipt this Period 54.75	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer Occupation Olin Corporation		Aggregate Year-to-Date ▼ 609.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Juan R Perez		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address Calle 45 Bloque 72 #28 Sierra Bayamon		<b>Transaction ID:</b> R31269	
City State Zip Code Bayamon PR 00961		Amount of Each Receipt this Period 23.08	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer Occupation Olin Corporation		Aggregate Year-to-Date ▼ 311.58	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	132.58
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or 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

Full Name (Last, First, Middle Initial) <b>A. Juan R Perez</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address Calle 45 Bloque 72 #28 Sierra Bayamon		<b>Transaction ID: R31307</b>	
City Bayamon State PR Zip Code 00961		Amount of Each Receipt this Period 34.62	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer Olin Corporation Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 311.58	

Full Name (Last, First, Middle Initial) <b>B. Mr. Curtis M Richards</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 9401 Magical View		<b>Transaction ID: R31274</b>	
City Chattanooga State TN Zip Code 37421		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer Olin Corporation Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Curtis M Richards</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 9401 Magical View		<b>Transaction ID: R31312</b>	
City Chattanooga State TN Zip Code 37421		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer Olin Corporation Occupation			
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) ..... ▶	74.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or 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"/> 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 (Last, First, Middle Initial) <b>A.</b> Mr. Joseph D Rupp		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 10918 Conway Road		<b>Transaction ID:</b> R31271	
City State Zip Code Frontenac MO 63131	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Olin Corporation	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3090.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Joseph D Rupp		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 10918 Conway Road		<b>Transaction ID:</b> R31309	
City State Zip Code Frontenac MO 63131	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Olin Corporation	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3090.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Yekaterina Torban		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 437 Westland Ave		<b>Transaction ID:</b> R31273	
City State Zip Code Cheshire CT 06410	Amount of Each Receipt this Period 29.58		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Olin Corporation	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.10		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	549.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 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"/> 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)  
Yekaterina Torban

Mailing Address 437 Westland Ave

City	State	Zip Code
Cheshire	CT	06410

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

Name of Employer Olin Corporation	Occupation
--------------------------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
354.10

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	6

Transaction ID: R31311

Amount of Each Receipt this Period  
29.58

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	29.58
<b>TOTAL</b> This Period (last page this line number only) .....	▶	962.36

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 15
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input checked="" 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)  
Bank of America -- Fleet

Mailing Address P.O. Box 25118

City State Zip Code  
Tampa FL 33622-5118

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
57.71

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	0	6

Transaction ID: R31285

Amount of Each Receipt this Period  
57.71

Check

Reversal of charges

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	57.71
<b>TOTAL</b> This Period (last page this line number only) .....	▶	57.71

**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 13 / 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

Full Name (Last, First, Middle Initial) <b>A. Chambliss for Congress</b>		<b>Transaction ID: D1327</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 4084		Amount of Each Disbursement this Period -500.00  Saxby Chambliss (GA-8-R).
City Macon State GA Zip Code 31208		
Purpose of Disbursement Returned Check #1229 dated 10/9/2002 for	Category/ Type	
Candidate Name Saxby Chambliss	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Zach Wamp</b>		<b>Transaction ID: D1324</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 24804		Amount of Each Disbursement this Period 1000.00
City Chattanooga State TN Zip Code 37422		
Purpose of Disbursement Debt Retirement: Zach Wamp (TN-3-R)	Category/ Type	
Candidate Name Zach Wamp	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jo Bonner for Congress Committee</b>		<b>Transaction ID: D1325</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 851232		Amount of Each Disbursement this Period 500.00
City Mobile State AL Zip Code 36685		
Purpose of Disbursement Debt Retirement: Jo Bonner (AL-1-R)	Category/ Type	
Candidate Name Jo Bonner	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 14 / 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

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

Full Name (Last, First, Middle Initial)

**A.** Reynolds for Congress

Mailing Address 495 Commerce Street

City Amherst State NY Zip Code 14228

Purpose of Disbursement  
Debt Retirement:

Candidate Name  
Thomas M. Reynolds

Office Sought:  House  
 Senate  
 President

State: NY District: 26

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: D1328

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2006

Amount of Each Disbursement this Period

1000.00

Thomas M. Reynolds (NY-26-R)

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

1000.00

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

2000.00

**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 15 / 15

<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

Full Name (Last, First, Middle Initial) <b>A. Daniel Webster PAC</b>		<b>Transaction ID: D1326</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 131 H Street NW 12th floor		Amount of Each Disbursement this Period -500.00
City Washington State DC Zip Code 20005	for Daniel Webster PAC.	
Purpose of Disbursement Returned Check #1352 dated 11/16/2005		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jim Sullivan AL PSC</b>		<b>Transaction ID: D1329</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 134		Amount of Each Disbursement this Period -500.00
City Montgomery State AL Zip Code 36101	Category/ Type	
Purpose of Disbursement Returned Check #1326 dated 10/26/2004		for Jim Sullivan (AL-D).
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) ▼	

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

-1000.00

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

-1000.00