

**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

Full Name (Last, First, Middle Initial)

A. LAMAR ALEXANDER

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution (Lost Check - Orig. Date 10/7/2011)

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SB23.6747

Amount of Each Disbursement this Period

-1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LAMAR ALEXANDER

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution (Lost Check - Orig. Date 10/7/2011)

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SB23.6748

Amount of Each Disbursement this Period

-1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JO BONNER

Mailing Address 143 Myrtlewood Lane

City Mobile State AL Zip Code 36608

Purpose of Disbursement
Contribution (Lost Check - Orig. Date 02/16/2010)

Candidate Name

Office Sought: House
 Senate
 President
State: AL District: 01

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SB23.6743

Amount of Each Disbursement this Period

-1000.00

Memo Item

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

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

-3000.00

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