Image# 29992075506

STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type over the lines	12FE4M5
The Caterpillar	Inc. Employee Political Action Committee	
ADDRESS (number and s	treet) 100 N.E. Adams	
(Check if address		
is changed)	Peoria	IL
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	CAT_PAC@myfecnotices.com	
is changed)		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
_		I
(Check if address is changed)		
2. DATE 0.5	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00148031	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct ar	d complete
	Come Vocat	
Type or Print Name of ⁷	Freasurer Gary Vest	
Signature of Treasurer	Electronically Filed by Gary Vest	Date 05 / 07 / 2009
NOTE: Submission of fal-	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED N	
Office		
Use	For further information of Federal Election Commiss Toll Free 800-424-9530	

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5.			DMMITTEE (Check One) Committee:						
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name Candi								
	Candi Party	idate Affiliatio	on Office House Senate President	State District					
	Name Candi								
	Party	Comm							
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.					
	Politic	cal Act	ion Committee (PAC):						
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:					
			X Corporation Corporation w/o Capital Stock La	bor Organization					
			Membership Organization Trade Association Co	poperative					
			X In addition, this committee is a Lobbyist/Registrant PAC.						
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party					
			In addition, this committee is a Lobbyist/Registrant PAC.						
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	Joint F	Fundra	ising Representative:						
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.						
	(h)	h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.							
		Com	mittees Participating in Joint Fundraiser						
			1. FEC ID number C						
			2. FEC ID number						
			3. FEC ID number						
			FEC ID number C						

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Write or Type Committee Nan	е					
The Caterpillar Inc. I	imployee Political Action Committee					
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative or Leade	rshin PAC Sponsor			
o. Name of Any Connected	Organization, Anniated Committee, John Fundia	asing nepresentative, or Leave	Iship PAC Sponsor			
Caterpillar, Inc.						
Mailing Address	100 N.E. Adams					
	Peoria		61629 _ [
	CITY▲	STATE ≜	ZIP CODE			
Relationship:						
X Connected Organizat	on Affiliated Committee Joint I	Fundraising Representative	Leadership PAC Sponsor			
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.					
Full Name	Robert C. Thompson					
Mailing Address	1405 K Street NIM Suite 400					
•						
	Washington	DC	20005			
Title or Position ▼	CITY A	STATE A	ZIP CODE A			
Assista	nt Treasurer	Telephone number	- <u>466</u> - <u>0666</u>			
	ne and address (phone number optional) cany designated agent (e.g., assistant treasure		tee; and the			
Full Name						
of Treasurer Gar	y Vest					
Mailing Address	100 N.E. Adams Street					
	Peoria	IL	61629 – 1430			
Title or Position ♥	CITY A	STATE ≜	ZIP CODE A			
Tax Ma	nager	Telephone number	_ 675 _ 4482			
		- Siopriorio Humboi	· — —			

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1	Full Name of Designated Agent	_	Robert C. Thom	oson				
N	Mailing Address		1425 K Street NW Suite 400					
			Washington			DC	20005 –	
Title	e or Position 🔻			CITY A		STATE A	ZIP CODE	. A
	А	ssistant T	reasurer		Telephone nu	mber 202		0666
sat	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. First Bank							
Ma	ailing Address		230 SW Adams	Street				
			Suite 100					
			Peoria			LIL L	61602	
				CITY 🔼		STATE 4	ZIP COD	E 🛕
Na	ame of Bank, De	epository, etc.						
Ma	ailing Address							
				CITY 🔼		STATE. ▲	ZIP COD	E 🛆