Image# 201807119115304551				0//11/2016 13.18
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 🕳
			0	ffice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
The Options Clea	aring Corporation			
	125 S. Franklin Street			
ADDRESS (number and street)	Suite 1200			
is changed)				206
	CITY 🔺		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE				
(Check if address is changed)	briesenberg@theocc.c	om		
is onanged)	Optional Second E-Mail Ad	dress		
	npiscitani@theocc.c	om		
<ul> <li>(Check if address is changed)</li> </ul>				
	D / Y Y Y Y 1 2018			
3. FEC IDENTIFICATION N	UMBER ► C C	00255877		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined t	his Statement and to the best	of my knowledge and belief	it is true, correct and	complete
				- completer
Type or Print Name of Treasure	er Riesenberg, Bethany, , ,			
Signature of Treasurer	enberg, Bethany, , ,	[Electronically Filed]	Date 07	11 / Y Y Y Y 11 2018
NOTE: Submission of false, error		may subject the person signing		penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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TYPE OF C	OMMITTEE		
Candidate 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 of Candidate	L		
Candidate Party Affiliatio	on Office Sought: House Senate President District		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Com	mittee:		
(d)	This committee is a       (National, State or subordinate) committee of the       (Democratic, Republican, etc.) Party		
Political A	ction Committee (PAC):		
(e) 🗶	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is		
	Corporation Corporation w/o Capital Stock		
	Membership Organization Trade Association Cooperative		
	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 fund or part committee. (i.e., nonconnected committee)		
In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fund	raising 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)	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	nittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.	FEC ID number		

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## The Options Clearing Corporation PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Т	he Options Clearing (			
	Mailing Address	125 S. Franklin Street		
		Suite 1200		
		Chicago	IL 60606	
		CITY	STATE ZIP CODE	
	Relationship: <b>x</b> Connected	Organization Affiliated Committee	Joint Fundraising Representative Leadership PAC Spo	nsor
7.	Custodian of Records: Iden books and records.	ify by name, address (phone number	optional) and position of the person in possession of comm	ittee
		, Bethany, , ,		
	Full Name			
	Mailing Address	12468 Province Drive		
		Lemont	IL 60439	
	Title or Position	CITY	STATE ZIP CODE	
	Treasurer		Telephone number     312     322     4980	6

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Riesenberg, Bethany, , ,
Mailing Address	12468 Province Drive
	CITY STATE ZIP CODE
Title or Position	Image: Image in the second

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Full Name of Designated Agent	Piscitani, Nicole, , ,
Mailing Address	604 Carlton Otto Lane, Apt. 15
	Odenton MD 21113
	CITY STATE ZIP CODE
Title or Position	Irer     Telephone number     202     971     7230

9. 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.

	BMO Harris Bank N.A.		
Mailing Address	111 West Monroe Street		
	Chicago		60603
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE