



**The Options
Clearing Corporation**

410 South LaSalle Street
Chicago, Illinois 60605-1060
312.322.6200

Frank J. Larocca, Jr. CPA
Vice President/Controller

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 27 11 44 AM '98

January 23, 1998

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

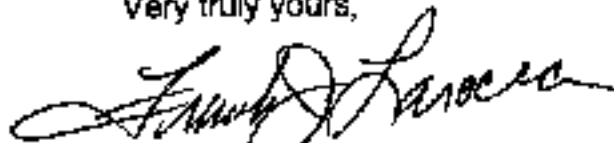
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

To Whom It May Concern:

On behalf of The Options Clearing Corporation Political Action Committee ("OCC PAC"), I am enclosing FEC Form 3X, a report of receipts and disbursements of OCC PAC (the "Report"). The Report is for the period July 1, 1997 through and including December 31, 1997.

If you have any questions with respect to this Report or OCC PAC, please call me at (312) 322-2027.

Very truly yours,



Frank J. Larocca

Enclosure

FJL/ls
fec3x.doc

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 27 11 44 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) THE OPTIONS CLEARING CORPORATION POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER C00255877
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 440 SOUTH LA SALLE STREET, SUITE 2400		
CITY, STATE and ZIP CODE CHICAGO, IL 60605		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☒ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

☐ 12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☐ NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period JULY 1, 1997 through DECEMBER 31, 1997			
6. (a)	Cash on Hand January 1, 1997		\$ 1592.22
(b)	Cash on Hand at Beginning of Reporting Period	\$ 1592.22	
(c)	Total Receipts (from Line 19)	\$ 500.00	\$ 500.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 2092.22	\$ 2092.22
7.	Total Disbursements (from Line 30)	\$ 1000.00	\$ 1000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1092.22	\$ 1092.22
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	
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 FRANK J. LAROCCA, ASSISTANT TREASURER			
Signature of Treasurer			Date 1/23/98

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

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FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD FROM JULY 1, 1997 TO DECEMBER 31, 1997	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		500.00	500.00
ii. Unitemized			
iii. Total (add i and ii) >		500.00	500.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a, b, c and d) >		500.00	500.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		500.00	500.00
20. Total Federal Receipts (subtract line 18 from line 19) >		500.00	500.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		1000.00	1000.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		1000.00	1000.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		1000.00	1000.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		500.00	500.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from line 32)		500.00	500.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from line 35) >			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER

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)

THE OPTIONS CLEARING CORPORATION POLITICAL ACTION COMMITTEE

<p>A. Full Name, Mailing Address and ZIP Code WAYNE P. LUTHRINGSHAUSEN 21000 ANDOVER ROAD KILDEER, IL 60047</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer THE OPTIONS CLEARING CORPORATION</p> <p>Occupation CHIEF EXECUTIVE OFFICER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 9/29/97</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use appropriate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER

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)

THE OPTIONS CLEARING CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code BOB KERRY FOR UNITED STATES SENATE 7602 PACIFIC STREET, LOWER LEVEL B OMAHA, NE 68114	Purpose of Disbursement CONTRIBUTIONS TO BOB KERRY FOR SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/30/97	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code MISSOURIANS FOR KIT BOND 34 NORTH BRENTWOOD BLVD., SUITE 14 ST. LOUIS, MO 63105	Purpose of Disbursement CONTRIBUTIONS TO CHRISTOPHER BOND FOR CONGRESS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/97	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ First Class Mail POSTMARKED

☒ Registered/Certified Mail POSTMARKED
1-23-98

☐ No Postmark

☐ Postmark Illegible

☐ Received from the House office of Records
and Registration Date of Receipt

☐ Received from the Senate Office of Public
Records Date of Receipt

☐ Other (Specify): Postmarked
and/or Date of Receipt

☐ Electronic Filing


PREPARER

1-27-98
DATE PREPARED