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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) over the lines. is changed) BATS GLOBAL MARKETS, INC POLITICAL ACTION COMMIT 701 8th Street, NW ADDRESS (number and street) Suite 500 (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mklesher@wms-jen.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2014 C00458653 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Eric Swanson Type or Print Name of Treasurer Eric Swanson [Electronically Filed] 02 20 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	raye Z
Car	ndidate	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. (Con information below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

lma	age# 14960466899 														
	FEC Form 1 (Revised 0	2/2009)										ı	Page 3	3	\Box
٧	Vrite or Type Committee Name														
	BATS GLOBAL	MARKE [*]	TS, IN	IC P	OL	ITI	CA	L A	\CT	101	N CC	M۱	/IT	ΤE	Ε
6.	Name of Any Connected O	rganization, Affil	iated Com	mittee, .	Joint F	undra	ising	Repr	esentat	ive, o	r Leader	ship P	AC Sp	onso	r
В	ATS GLOBAL MARK	ETS, INC													
ī															
		17 State Street					1 1			1 1		1 1			
	Mailing Address	32nd Floor													
		New York							NY		10004		 _		
			CIT	Y					STATE	=		ZIP (」 CDF		
<u> </u>	Custodian of Records: Identibooks and records.	tify by name, add	ress (phone	e numbe	r op	tional)	and	positio	on of th	e per	son in po	ossessio	on of c	comm	— ittee
	, Meredith Le	esher													
	Full Name	,701 8th Street, N	IW												Ш
	Mailing Address														Ш
		Suite 500													
		Washington							DC		20001]-[
	Title or Position		CITY	′					STATE			ZIP C	ODE		
						Tele	phone	e num	ıber	20:	2	659]-L	820	1
3.	Treasurer: List the name and any designated agent (e.g., as			optional)	of the	treas	urer (of the	commit	tee; a	nd the n	ame ar	ıd add	ress	of
	Full Name Eric Swans	on													1

of Treasurer 17 State Street Mailing Address 32nd Floor New York 10004 NY STATE ZIP CODE CITY Title or Position Treasurer 212 378 8520 Telephone number

1 20 1 011	n 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
Title of Fosition		mber	
cafaty danacit he	oves or maintains funds		
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Avenue	<u> </u>	
	Depository, etc. Chain Bridge Bank		
Name of Bank, I	Depository, etc. Chain Bridge Bank	VA 22101	
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Avenue	VA 22101 STATE	ZIP CODE
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY		ZIP CODE
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY	STATE	
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY Depository, etc.	STATE	
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY Depository, etc.	STATE	
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY Depository, etc.	STATE	