

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

ADDRESS (number and street) 20 South Wacker Drive
 Check if different than previously reported. (ACC)
Chicago IL 60606

2. **FEC IDENTIFICATION NUMBER** C00076299
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2009 through 03 31 2009

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 Mr. Ronald A. Pankau

Signature of Treasurer Electronically Filed by Mr. Ronald A. Pankau Date 04 09 2009

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		946640.08
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	921371.07									
(c) Total Receipts (from Line 19)	63989.62	76220.61								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	985360.69	1022860.69								
7. Total Disbursements (from Line 31)	113510.00	151010.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	871850.69	871850.69								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	54305.50	61868.68
(i) Itemized (use Schedule A)	2684.12	7351.93
(ii) Unitemized	56989.62	69220.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	56989.62	69220.61
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	7000.00	7000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	63989.62	76220.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	63989.62	76220.61

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	113500.00	151000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	10.00	10.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	10.00	10.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	113510.00	151010.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	113510.00	151010.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	56989.62	69220.61
34. Total Contribution Refunds (from Line 28(d))	10.00	10.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56979.62	69210.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 27
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A.

Full Name (Last, First, Middle Initial)
ANNE ELIZABETH BAGAN

Mailing Address 1200 W. Northwest Hwy.

City State Zip Code
Mt Prospect IL 60056-2263

FEC ID number of contributing federal political committee. **C**

Name of Employer
CME, 20 S. Wacker Dr., Chicago

Occupation
MD AUDITS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: 29306698

Amount of Each Receipt this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
MICHAEL DENGIS

Mailing Address 425 W. Dickens Ave.

City State Zip Code
Chicago IL 60614-4637

FEC ID number of contributing federal political committee. **C**

Name of Employer
CME, 20 S. Wacker Dr., Chicago

Occupation
DIRECTOR & CHIEF DEALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: 29306758

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
HELEN MARIE FLANAGAN

Mailing Address 55 W. Delaware Pl.

City State Zip Code
Chicago IL 60610-3360

FEC ID number of contributing federal political committee. **C**

Name of Employer
CME, 20 S. Wacker Dr., Chicago

Occupation
DIR EQUITY PRODUCTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: 29306759

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A.	Full Name (Last, First, Middle Initial) JAMES E. PARISI	Date of Receipt MM / DD / YYYY 03 / 18 / 2009
	Mailing Address 1090 Winding Glen Ct.	Transaction ID: 29312276
	City State Zip Code Carol Stream IL 60188-6086	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CME, 20 S. Wacker Dr., Chicago MD & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) JOSEPH VANDERBERG	Date of Receipt MM / DD / YYYY 03 / 18 / 2009
	Mailing Address 89 Pleasant Ave.	Transaction ID: 29312796
	City State Zip Code Bergenfield NJ 07621-3129	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CME, 1 N. End Ave., NY MGR TF OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JAMIE LYNN ALLEN	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 3950 N. Lake Shore Dr.	Transaction ID: 29315896
	City State Zip Code Chicago IL 60613-3400	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CME, 20 S. Wacker Dr., Chicago MGR CORPORATE ACCOUNTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 27
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A. Full Name (Last, First, Middle Initial)
TIMOTHY JAMES DOAR

Mailing Address 519 N. Grove Ave.

City State Zip Code
Oak Park IL 60302-1653

FEC ID number of contributing federal political committee. C

Name of Employer
CME, 20 S. Wacker Dr., Chicago

Occupation
MD RISK MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2009

Transaction ID: 29316455

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
JILL HARLEY

Mailing Address 101 Hiawatha Dr.

City State Zip Code
Clarendon Hills IL 60514-1115

FEC ID number of contributing federal political committee. C

Name of Employer
CME, 20 S. Wacker Dr., Chicago

Occupation
MD & CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2009

Transaction ID: 29317191

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
WILSON YUEN

Mailing Address 128 S. Pine Ave.

City State Zip Code
Arlington Heights IL 60005-2050

FEC ID number of contributing federal political committee. C

Name of Employer
CME, 20 S. Wacker Dr., Chicago

Occupation
TECHNOLOGY SPECIALIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2009

Transaction ID: 29317212

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 27
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A. Full Name (Last, First, Middle Initial)
CHARLES P. CAREY JR., Jr.
Mailing Address 604 W. 52nd Pl.

City State Zip Code
Western Springs IL 60558-2013

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CME, 20 S. Wacker, Chicago Commodity Trader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
03 / 20 / 2009
Transaction ID: 29317452
Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
JAMES A. DONALDSON
Mailing Address 272 First Ave., S

City State Zip Code
Naples FL 34102-5960

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed Commodity Trader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
03 / 20 / 2009
Transaction ID: 29317500
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
C. C. ODOM, II, II
Mailing Address 11 CARRIAGE HLS
THE DOMINION

City State Zip Code
SAN ANTONIO TX 78257-1204

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed Commodity Trader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
03 / 20 / 2009
Transaction ID: 29317501
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) 15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 27
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A.

Full Name (Last, First, Middle Initial)
MARK T. ROWLEY

Mailing Address 175 W. Jackson Blvd., #2214

City State Zip Code
Chicago IL 60604-3004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CME, 20 S. Wacker, Chicago Commodity Trader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2009

Transaction ID: 29317504

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Linda A. Carey

Mailing Address 604 W. 52nd Pl.

City State Zip Code
Western Springs IL 60558-2013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2009

Transaction ID: 29326869

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
GARY V. SAGUI

Mailing Address 920 Romona Rd.

City State Zip Code
Wilmette IL 60091-1222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Templar Securities Commodity Trader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2009

Transaction ID: 29328165

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **15000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A.	Full Name (Last, First, Middle Initial) MATTHEW Q. SAGUI		Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2009		
	Mailing Address 2107 - 4TH AVE.		Transaction ID: 29328415		
	City SPRING LAKE	State NJ	Zip Code 07762-1652	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Self-Employed Occupation Commodity Trader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

B.	Full Name (Last, First, Middle Initial) PHUPINDER S. GILL		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2009		
	Mailing Address 20 S. Wacker Dr.		Transaction ID: 29329310		
	City Chicago	State IL	Zip Code 60606-7408	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C		Name of Employer CME, 20 S. Wacker Dr., Ch- icago Occupation PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

C.	Full Name (Last, First, Middle Initial) LANAE LYNNE CLARKE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2009		
	Mailing Address 20 S Wacker Dr		Transaction ID: 29470555		
	City Chicago	State IL	Zip Code 60606-7408	Amount of Each Receipt this Period 0.00	
	FEC ID number of contributing federal political committee. C		Name of Employer CME, 20 S. Wacker Dr., Ch- icago Occupation ASSOC DIR GOVT REL POL AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00			

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$10.00 This changes
the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional) ▶

10000.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A. Full Name (Last, First, Middle Initial)
JAMES ANTHONY PRIBEL
 Mailing Address 2330 Ridge Dr.
 City State Zip Code
 Northbrook IL 60062-6326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CME, 20 S. Wacker Dr., Chicago DIRECTOR - TREASURER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009
Transaction ID: PR1333045816548
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ERIC E RIEDESEL
 Mailing Address 1657 Forestview Way
 City State Zip Code
 Antioch IL 60002-6204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CME, 20 S. Wacker Dr., Chicago ASSOC DIR IT COMPL & INFO SEC
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009
Transaction ID: PR1333074216548
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
THOMAS R. LORD
 Mailing Address 2334 W. Morse
 City State Zip Code
 Chicago IL 60645-4715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CME, 20 S. Wacker Dr., Chicago DIR SETTLEMENTS
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 234.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009
Transaction ID: PR1333094516548
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 238.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 27
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A.

Full Name (Last, First, Middle Initial)
ROBERT A. SNIEGOWSKI

Mailing Address 814 Barnsdale Rd.

City State Zip Code
La Grange Pk IL 60526-1607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CME, 20 S. Wacker Dr., Chicago ASSOC DIR MARKET REGULATION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.82

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR1333118716548

Amount of Each Receipt this Period
76.94

P/R Deduction (\$38.47 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
LAWRENCE NAWROT

Mailing Address 357 Donna Ln.

City State Zip Code
Bloomington IL 60108-8801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CME, 20 S. Wacker Dr., Chicago DIR QUALITY MANAGEMENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 461.58

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR1333134516548

Amount of Each Receipt this Period
153.86

P/R Deduction (\$76.93 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
GREG A. BENBROOK

Mailing Address 136 Primrose Ln.

City State Zip Code
Bartlett IL 60103-2303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CME, 20 S. Wacker Dr., Chicago ASSOC DIR MARKET REGULATION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR1333232616548

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **330.80**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 27
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A. Full Name (Last, First, Middle Initial)
ROBERTO W. PADILLA

Mailing Address 1340 N. Dearborn

City State Zip Code
Chicago IL 60610-2071

FEC ID number of contributing federal political committee. **C**

Name of Employer
CME, 20 S. Wacker Dr., Chicago

Occupation
DIR COMPUTER OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.20

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: PR1333290116548

Amount of Each Receipt this Period
115.40

P/R Deduction (\$57.70 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MICHAEL G. CRAWSHAW

Mailing Address 3900 Wolf Rd.

City State Zip Code
Western Springs IL 60558-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer
CME, 20 S. Wacker Dr., Chicago

Occupation
DIR HUMAN RESOURCES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: PR1333296116548

Amount of Each Receipt this Period
70.00

P/R Deduction (\$35.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ELIZABETH C GISCH

Mailing Address 225 W. Scott St.

City State Zip Code
Chicago IL 60610-1850

FEC ID number of contributing federal political committee. **C**

Name of Employer
CME, 20 S. Wacker Dr., Chicago

Occupation
DIR GLOBEX ACCOUNT MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: PR1333303616548

Amount of Each Receipt this Period
150.00

P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **335.40**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A.	Full Name (Last, First, Middle Initial) JAMES ALBERT HYMAN	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 650 Duane St.	Transaction ID: PR1548975816548
	City State Zip Code Glen Ellyn IL 60137-4606	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation DAILY INVESTIGATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 530.00	P/R Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) FREDERICK W> STURM	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 1700 E. 56th St.	Transaction ID: PR1570208816548
	City State Zip Code Chicago IL 60637-5042	Amount of Each Receipt this Period 216.68
	FEC ID number of contributing federal political committee. C	
	Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation DIR FINANCIAL RES & PROD DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 433.36	P/R Deduction (\$108.34 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JOHN C. SZPICKI	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 13720 Long View	Transaction ID: PR1570210116548
	City State Zip Code Homer Glen IL 60491-9470	Amount of Each Receipt this Period 384.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation DIR TECHNOLOGY SUPPORT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.86	P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	651.30
TOTAL This Period (last page this line number only)	54305.50

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 27
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A.

Full Name (Last, First, Middle Initial)
Committee To Re-Elect Vito Fossella

Mailing Address P.O. Box 120197

City Staten Island State NY Zip Code 10312

FEC ID number of contributing federal political committee. **C** C00328070

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 03 / 02 / 2009
Transaction ID: 29355773
 Amount of Each Receipt this Period: 2000.00

B.

Full Name (Last, First, Middle Initial)
Salazar For Senate

Mailing Address PO Box 600

City Denver State CO Zip Code 80201

FEC ID number of contributing federal political committee. **C** C00397679

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 26 / 2009
Transaction ID: 29355787
 Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	7000.00

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)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

<p>A. Full Name (Last, First, Middle Initial) Debbie Halvorson for Congress</p> <p>Mailing Address P.O. Box 176</p> <p>City State Zip Code Crete IL 60417</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Debbie Halvorson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 11</p>	<p>Transaction ID: 28634462</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road, Suite</p> <p>City State Zip Code West Chester OH 45069</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. John Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 08</p>	<p>Transaction ID: 28634472</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Richard E. Neal for Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City State Zip Code Springfield MA 01108</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Richard Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 02</p>	<p>Transaction ID: 28634770</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A.	Full Name (Last, First, Middle Initial) Michael Conaway for Congress	Transaction ID: 28634805 Date of Disbursement																			
	Mailing Address P.O. Box 51272	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	9												
	City Midland State TX Zip Code 79710	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. K. Michael Conaway	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Aaron Schock For Congress	Transaction ID: 28635296 Date of Disbursement																			
	Mailing Address P.O. Box 10555	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	9												
	City Peoria State IL Zip Code 61612	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Aaron Schock	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: 28635377 Date of Disbursement																			
	Mailing Address 425 - 2nd St., NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	9												
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>15000.00</td></tr></table>	15000.00																		
15000.00																					
	Candidate Name National Republican Senatorial Committee	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>17000.00</td></tr></table>	17000.00
17000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: 28635379 Date of Disbursement
	Mailing Address 320 First Street, SE	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="15000.00"/>
	Candidate Name National Republican Congressional Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 28635431 Date of Disbursement
	Mailing Address 430 South Capitol, SE	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="15000.00"/>
	Candidate Name Democratic Congressional Campaign Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 28635432 Date of Disbursement
	Mailing Address 120 Maryland Ave., NE	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="15000.00"/>
	Candidate Name Democratic Senatorial Campaign Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

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

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)

PAGE 20 / 27

<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)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A. Full Name (Last, First, Middle Initial)
Thaddeus McCotter Congressional Committee

Mailing Address P.O. Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Thaddeus McCotter

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: MI District: 11

Transaction ID: 28675791

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Kirsten Gillibrand For Senate

Mailing Address P.O. Box 15734

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/
Type

Candidate Name
Sen. Kirsten Gillibrand

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NY District:

Transaction ID: 28680139

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Michael Castle Campaign Fund

Mailing Address P.O. Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Michael Castle

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: DE District: 01

Transaction ID: 28903079

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

**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)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A.	Full Name (Last, First, Middle Initial) John Hall for Congress	Transaction ID: 28903286 Date of Disbursement 03 / 17 / 2009
	Mailing Address P.O. Box 469	Amount of Each Disbursement this Period 1000.00
	City Beacon State NY Zip Code 12508	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John Hall	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Joseph Crowley for Congress	Transaction ID: 28903287 Date of Disbursement 03 / 17 / 2009
	Mailing Address 84-56 Grand Avenue	Amount of Each Disbursement this Period 1000.00
	City Elmhurst State NY Zip Code 11373	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Joseph Crowley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Bob Etheridge for Congress Committee	Transaction ID: 28903288 Date of Disbursement 03 / 17 / 2009
	Mailing Address P.O. Box 28001	Amount of Each Disbursement this Period 1000.00
	City Raleigh State NC Zip Code 27611	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Bob Etheridge	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A. Full Name (Last, First, Middle Initial) Debbie Halvorson for Congress <hr/> Mailing Address P.O. Box 176 <hr/> City State Zip Code Crete IL 60417 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Debbie Halvorson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: 28983674 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 4000.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) Texans for Senator John Cornyn <hr/> Mailing Address 6850 Austin Centre Blvd. - #180 <hr/> City State Zip Code Austin TX 78731 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. John Cornyn <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District:	Transaction ID: 28986229 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011
C. Full Name (Last, First, Middle Initial) Randy Neugebauer Congressional Committee <hr/> Mailing Address P.O. Box 54175 <hr/> City State Zip Code Lubbock TX 79453 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Randy Neugebauer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 19	Transaction ID: 29186618 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

**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)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A.	Full Name (Last, First, Middle Initial) Judy Biggert for Congress	Transaction ID: 29186746 Date of Disbursement																			
	Mailing Address P.O. Box 637	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	0	9												
	City Hinsdale State IL Zip Code 60522	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Judy Biggert	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Melissa Bean for Congress	Transaction ID: 29186756 Date of Disbursement																			
	Mailing Address P.O. Box 3068	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	0	9												
	City Barrington State IL Zip Code 60010	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Rep. Melissa Bean	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Bill Foster for Congress Committee	Transaction ID: 29186785 Date of Disbursement																			
	Mailing Address P.O. Box 703	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	0	9												
	City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Bill Foster	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4500.00</td></tr></table>	4500.00
4500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

<p>A. Full Name (Last, First, Middle Initial) John Larson for Congress</p> <p>Mailing Address 29 Ruff Circle</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. John Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 01</p>	<p>Transaction ID: 29186833 Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Rosa DeLauro</p> <p>Mailing Address 12 Trumbull Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Rosa L. DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 03</p>	<p>Transaction ID: 29186906 Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Steny Hoyer for Congress</p> <p>Mailing Address 4201 Northview Dr., #307</p> <p>City Bowie State MD Zip Code 20716</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Steny Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 05</p>	<p>Transaction ID: 29186974 Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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)

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<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)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

<p>A. Full Name (Last, First, Middle Initial) Bob Goodlatte for Congress Committee</p> <p>Mailing Address P.O. Box 292</p> <p>City Roanoke State VA Zip Code 24002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Robert Goodlatte</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 06</p>	<p>Transaction ID: 29187165 Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Larry Kissell for Congress</p> <p>Mailing Address P.O. Box 1530</p> <p>City Biscoe State NC Zip Code 27209</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Larry Kissell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 08</p>	<p>Transaction ID: 29187403 Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) The Richard Burr Committee</p> <p>Mailing Address P.O. Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Richard M. Burr</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:</p>	<p>Transaction ID: 29187792 Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p>

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

**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)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A. Full Name (Last, First, Middle Initial) Pennsylvanians for Paul Kanjorski <hr/> Mailing Address 103 South Hanover Street <hr/> City Nanticoke State PA Zip Code 18634 Purpose of Disbursement <hr/> Candidate Name Rep. Paul Kanjorski <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29187804 Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2009
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Together for Our Majority PAC (TOMPAC) <hr/> Mailing Address P.O. Box 752 <hr/> City Des Moines State IA Zip Code 50303 Purpose of Disbursement <hr/> Candidate Name Together for Our Majority PAC (TOMPAC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29187888 Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2009
	Amount of Each Disbursement this Period 2500.00 Category/Type 011
C. Full Name (Last, First, Middle Initial) Peter Roskam for Congress Committee <hr/> Mailing Address P.O. Box 713 <hr/> City Wheaton State IL Zip Code 60187 Purpose of Disbursement <hr/> Candidate Name Rep. Peter Roskam <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29306808 Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2009
	Amount of Each Disbursement this Period 1500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

**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)

PAGE 27 / 27

<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)
CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)

A.

Full Name (Last, First, Middle Initial)
Friends of Jim Clyburn

Mailing Address P.O. Box 12567

City State Zip Code
Columbia SC 29211

Purpose of Disbursement

Candidate Name
Rep. James Clyburn

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 29316319

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

113500.00