

**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"/> 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)
Chicago Board Options Exchange PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF JEB HENSARLING		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address PO Box 820504		FEC Identification Number C 000370650 Transaction ID : BF357B163D Amount of Each Disbursement this Period 2500.00
City Dallas	State TX	Zip Code 75382
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Hensarling, Jeb, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. FRIENDS OF JEB HENSARLING		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address PO Box 820504		FEC Identification Number C 000370650 Transaction ID : BB37CD3B38 Amount of Each Disbursement this Period -2500.00
City Dallas	State TX	Zip Code 75382
Purpose of Disbursement VOID - Contribution to Committee		Category/ Type
Candidate Name Hensarling, Jeb, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00
0.00