

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 (12S)
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 02 01 2011 through 02 28 2011

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 03 14 2011

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

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

Report Covering the Period: From:

M M	D D	Y Y Y Y
0 2	0 1	2 0 1 1

 To:

M M	D D	Y Y Y Y
0 2	2 8	2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y Y Y Y</td></tr><tr><td>2 0 1 1</td></tr></table>	Y Y Y Y	2 0 1 1		1094474.44
Y Y Y Y				
2 0 1 1				
(b) Cash on Hand at Beginning of Reporting Period	1087489.54			
(c) Total Receipts (from Line 19)	6299.28	17314.38		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1093788.82	1111788.82		
7. Total Disbursements (from Line 31)	76500.00	94500.00		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1017288.82	1017288.82		
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

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		
(i) Itemized (use Schedule A)	3223.74	9523.76
(ii) Unitemized	3075.54	7790.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6299.28	17314.38
(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)	6299.28	17314.38
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	0.00	0.00
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))	6299.28	17314.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6299.28	17314.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)		
(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.....	76500.00	94500.00
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	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 Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
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))..	76500.00	94500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76500.00	94500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	6299.28	17314.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6299.28	17314.38
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 / 17
(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)
Hilda L. Piell

Mailing Address 2469 Crabtree Ln.

City Northbrook State IL Zip Code 60062-3456

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

Name of Employer CME, 20 S. Wacker Dr., Chicago
Occupation MD & CHIEF HR OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR1333053121518

Amount of Each Receipt this Period 200.00

P/R Deduction (\$100.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Carl R. Stumpf

Mailing Address 200 W. Grand

City Chicago State IL Zip Code 60654-4462

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

Name of Employer CME, 20 S. Wacker Dr., Chicago
Occupation MD & TECHNOLOGY CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR1333080021518

Amount of Each Receipt this Period 160.00

P/R Deduction (\$80.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
John Clifton Peschier

Mailing Address 871 Pleasant Ave.

City Highland Park State IL Zip Code 60035-4614

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

Name of Employer CME, 20 S. Wacker Dr., Chicago
Occupation MD INV RELATIONS & PLNG & ANLY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR1333082321518

Amount of Each Receipt this Period 140.00

P/R Deduction (\$70.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 / 17
	<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	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 814 Barnsdale Rd.	Transaction ID: PR1333118721518
	City State Zip Code La Grange Pk IL 60526-1607	Amount of Each Receipt this Period 116.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$58.00 Bi-Weekly)
Name of Employer CME, 20 S. Wacker Dr., Chicago	Occupation ASSOC DIR MARKET REGULATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.00	

B.	Full Name (Last, First, Middle Initial) Lawrence J. Nawrot	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 20 South Wacker Dr.	Transaction ID: PR1333134521518
	City State Zip Code Chicago IL 60606-7431	Amount of Each Receipt this Period 192.32
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.16 Bi-Weekly)
Name of Employer CME, 20 S. Wacker Dr., Chicago	Occupation DIR QUALITY ASSURANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.64	

C.	Full Name (Last, First, Middle Initial) Roberto W. Padilla	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 5313 Woodland	Transaction ID: PR1333290121518
	City State Zip Code Western Springs IL 60558-1855	Amount of Each Receipt this Period 115.40
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$57.70 Bi-Weekly)
Name of Employer CME, 20 S. Wacker Dr., Chicago	Occupation DIR COMPUTER OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80	

SUBTOTAL of Receipts This Page (optional)	423.72
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 8 / 17
	<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) Tina F. Lemieux	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 4088 Fairway Dr.	Transaction ID: PR1333304421518
	City State Zip Code Wilmette IL 60091-1006	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.00 Bi-Weekly)
Name of Employer CME, 20 S. Wacker Dr., Chicago	Occupation MD HEDGE FUNDS & BROKER SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Bryan T. Durkin	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 17548 Karli Ln.	Transaction ID: PR1570143321518
	City State Zip Code Orland Park IL 60467-8562	Amount of Each Receipt this Period 384.62
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.31 Bi-Weekly)
Name of Employer CME, 20 S. Wacker, Chicago	Occupation COO & MD PRODUCTS & SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.24	

C.	Full Name (Last, First, Middle Initial) David D. Lehman	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 847 N. East Ave.	Transaction ID: PR1570171121518
	City State Zip Code Oak Park IL 60302-1542	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Bi-Weekly)
Name of Employer CME, 20 S. Wacker Dr., Chicago	Occupation MD COMMODITY RES & PROD DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	834.62
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 9 / 17
	<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) Dean P. Payton	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 425 Hillside Ave.	Transaction ID: PR1570189321518
	City State Zip Code Glen Ellyn IL 60137-4512	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer CME, 20 S. Wacker Dr., Chicago	Occupation MD & DEPUTY CHIEF REG OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Frederick W. Sturm	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 1700 E. 56th St.	Transaction ID: PR1570208821518
	City State Zip Code Chicago IL 60637-5042	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
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 ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) John C. Szpicki	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 13720 Long View	Transaction ID: PR1570210121518
	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	P/R Deduction (\$192.31 Bi-Weekly)
Name of Employer CME, 20 S. Wacker Dr., Chicago	Occupation DIR SYSTEMS ENGINEERING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.24	

SUBTOTAL of Receipts This Page (optional)	784.62
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 / 17
(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
							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)
Peter Lugiari

Mailing Address 39 Laurie Ct.

City State Zip Code
Lake Villa IL 60046-9006

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

Name of Employer Occupation
CME, 20 S. Wacker Dr., Chicago MGR MARKET SYSTEMS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR1570239321518

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Robert Jason Weller

Mailing Address 20 S. Wacker Dr.

City State Zip Code
Chicago IL 60606-7408

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

Name of Employer Occupation
CME, 20 S. Wacker Dr., Chicago MD CORPORATE STRATEGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 461.56

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR1672665421518

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Linda Dallas Rich

Mailing Address P.O. Box 1610

City State Zip Code
Middleburg VA 20118-1610

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

Name of Employer Occupation
CME, 701 Pennsylvania Ave., NW, DC MD, GOVERNMENT RELATIONS & LEGISLATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR1812401421518

Amount of Each Receipt this Period
250.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	680.78
TOTAL This Period (last page this line number only)	3223.74

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) Bob Corker for Senate 2012</p> <p>Mailing Address P.O. Box 848</p> <p>City Chattanooga State TN Zip Code 37401</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Robert Corker</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District:</p>	<p>Transaction ID: 38625267</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>2</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	8	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2	/	0	8	/	2	0	1	1												
<p>B. Full Name (Last, First, Middle Initial) John Campbell for Congress</p> <p>Mailing Address 4590 MacArthur Boulevard Suite 500</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. John Campbell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 48</p>	<p>Transaction ID: 38625614</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>2</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	8	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2	/	0	8	/	2	0	1	1												
<p>C. Full Name (Last, First, Middle Initial) Tom Latham for Congress</p> <p>Mailing Address P.O. Box 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Tom Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 04</p>	<p>Transaction ID: 38626169</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>2</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	8	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2	/	0	8	/	2	0	1	1												

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">6000.00</div>
<p>TOTAL This Period (last page this line number only)</p>	<div style="border: 1px solid black; padding: 5px; min-height: 20px;"></div>

**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)

A. Full Name (Last, First, Middle Initial) TFP-FOJB Committee <hr/> Mailing Address 631-B Pennsylvania Avenue, SE <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name 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: 38626263 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 1
	Amount of Each Disbursement this Period 10000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Adrian Smith for Congress <hr/> Mailing Address 3321 Avenue I, Suite 6 <hr/> City Scottsbluff State NE Zip Code 69361 Purpose of Disbursement Candidate Name Rep. Adrian Smith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38626489 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 1
	Amount of Each Disbursement this Period 3000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Scott Garrett for Congress <hr/> Mailing Address P.O. Box 905 <hr/> City Newton State NJ Zip Code 07860 Purpose of Disbursement Candidate Name Rep. Scott Garrett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38783354 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

14000.00

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)

A. Full Name (Last, First, Middle Initial)
Peter Roskam for Congress Committee

Mailing Address P.O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Peter Roskam

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: IL District: 06

Transaction ID: 38783470
Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Joe Walsh for Congress Committee, Inc.

Mailing Address P.O. Box 56, 830 W. Route 22

City Lake Zurich State IL Zip Code 60047

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Joe Walsh

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: IL District: 08

Transaction ID: 38783527
Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011
Category/
Type

Candidate Name
National Republican Congressional Committee

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

State: District:

Transaction ID: 38792312
Date of Disbursement

02 / 17 / 2011

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)

18500.00

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)

A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee <hr/> Mailing Address 430 South Capitol Street, SE - 2nd <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement <hr/> Candidate Name Democratic Congressional Campaign Committee 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:	Transaction ID: 38792314 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 15000.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) Eric Cantor for Congress <hr/> Mailing Address P. O. Box 17813 <hr/> City Richmond State VA Zip Code 23226 Purpose of Disbursement <hr/> Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	Transaction ID: 38792336 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00 Category/Type: 011
C. Full Name (Last, First, Middle Initial) Every Republican Is Crucial PAC (ERICPAC) <hr/> Mailing Address 25 East Main St., Suite 200 <hr/> City Richmond State VA Zip Code 23219 Purpose of Disbursement <hr/> Candidate Name Every Republican Is Crucial PAC (ERICPAC) 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:	Transaction ID: 38792381 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional)	20000.00
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)

<p>A. Full Name (Last, First, Middle Initial) Steve Southerland for Congress</p> <p>Mailing Address P.O. Box 1692</p> <p>City Lynn Haven State FL Zip Code 32444</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. William Steve Southerland, II</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 02</p>	<p>Transaction ID: 38792434 Date of Disbursement <table border="1" style="width: 100%;"> <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>2</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	7	/	2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	1	7	/	2	0	1	1													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Charles Boustany, Jr. MD for Congress</p> <p>Mailing Address P.O. Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07</p>	<p>Transaction ID: 38792457 Date of Disbursement <table border="1" style="width: 100%;"> <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>2</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	7	/	2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	1	7	/	2	0	1	1													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Dave Camp for Congress</p> <p>Mailing Address 5915 Eastman Ave., Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. David Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04</p>	<p>Transaction ID: 38792468 Date of Disbursement <table border="1" style="width: 100%;"> <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>2</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	7	/	2	0	1	1	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	1	7	/	2	0	1	1													
2000.00																						

SUBTOTAL of Disbursements This Page (optional)	4000.00
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)

A. Full Name (Last, First, Middle Initial) Michael Grimm for Congress <hr/> Mailing Address 560 - 9th Street <hr/> City Brooklyn State NY Zip Code 11215 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael Grimm <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38792488 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Marcia Fudge for Congress <hr/> Mailing Address 3729 Silsby Rd. <hr/> City University Heights State OH Zip Code 44118 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Marcia L. Fudge <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38792501 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Michael Fitzpatrick for Congress <hr/> Mailing Address P.O. Box 185 <hr/> City Langhorne State PA Zip Code 19047 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael G. Fitzpatrick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38795504 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type

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)

<p>A. Full Name (Last, First, Middle Initial) Green Mountain PAC</p> <p>Mailing Address P.O. Box 1142</p> <p>City Montpelier State VT Zip Code 05601</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Green Mountain PAC</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: 38795530 Date of Disbursement 02 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Growth and Prosperity Political Action Committee</p> <p>Mailing Address 831 Linwood Ct. - Suite 300</p> <p>City Birmingham State AL Zip Code 35222</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Growth and Prosperity Political Action Committee</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: 38795600 Date of Disbursement 02 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) The Pat Roberts Victory Committee</p> <p>Mailing Address 610 S. Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: 38795963 Date of Disbursement 02 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

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

76500.00