FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See inst	ructions)	OF.
1. NAME OF COMMITTEE (in	(Check if nam		Office use only  12FE4M5
Auction Marke	ets Political Action Committe	ee of the Chicago Board of Tra	3-, , , , , , , , , , , , , , , , , , ,
ADDRESS (number and	1455 Pennsylval	nia Avenue N.W.	
(Check if address is changed)	ess Washington		DC 20004 -
001414777550 5 141	W ADDD500	CITY▲	STATE▲ ZIP CODE ▲
committee's e-mai			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
1			
COMMITTEE'S FAX N	JUMBER		
2. DATE 0.7	1 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00059832	
4. IS THIS STATEM	MENT X NEW (N)	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of m	ny knowledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer Mr Glen M.	Johnson	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Signature of Treasurer	Electronically Filed by Mr GI	en M. Johnson	Date 07 / 20 / Y Y Y Y Y Y
NOTE: Submission of fal	·	on may subject the person signing this S	tatement to the penalties of 2 U.S.C. S437g.  D WITHIN 10 DAYS
Office Use Only		For further information Federal Election Communication Free 800-424-9530	ission FEC FORM 1

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5.	TYPE OF COMMITTEE (Check One)			
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	Name of Candidate			
	Candidate Office House Senate President	State District		
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name of Candidate			
		emocratic, publican,etc.) Party.		
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fu committee.	nd or party		
ô.	Name of Any Connected Organization or Affiliated Committee			
	CME/PAC, Chicago Mercantile Exchange, Inc. PAC			
L				
	Mailing Address 20 South Wacker Drive			
	Chicago	606   _ [		
	CITY▲ STATE ▲	ZIP CODE A		
	Relationship affiliated company			
	Type of Connected Organization:			
	X Corporation Corporation w/o Capital Stock Labor Organization	on		
	Membership Organization Trade Association Cooperative			

8.

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٧	Vrite or Type Committee Name			
	Auction Markets Politic	cal Action Committee of the Chicago Boa	ard of Trade	
7.	Custodian of Records: Ide possession of Committee	entify by name, address, (phone number obooks and records.	optional), and position of th	e person in
	Full Name			
	Mailing Address			
	Title or Position ♥	CITY A	STATE A	ZIP CODE A
			Felephone number	
8.		and address (phone number optional) of designated agent (e.g., assistant treasurer		tee; and the
	Full Name			

name and address of any o	designated agent (e.g., assistant tre	asurer).		
Full Name of Treasurer  Mr Glen	M. Johnson			
Mailing Address	141 West Jackson Blvd			
	Suite 950			
	Chicago	<u>IL</u>	60604	
Title or Position ▼	CITY A	STATE	ZIP CODE ▲	
CFO		Telephone number 312	435 3457	
Full Name of Designated Agent				
Mailing Address				
			_	
Title or Position ♥	CITY A	STATE A	ZIP CODE A	
		Telephone number		

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9.	Banks or Other Depositor safety deposit boxes or mair	•	unts, rents
	Name of Bank, Depository, e	etc.	
	Banl	k of America, N.A.	
	Mailing Address	231 S. LaSalle Street	
		Chicago IL 600	697   _
		CITY A STATE A Z	IP CODE △