

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CME Group Inc. PAC

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00076299 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] []

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 06 / 01 / 2015 through 06 / 30 / 2015

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 Mr. Ronald A. Pankau [Electronically Filed] Date 07 / 16 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CME Group Inc. PAC

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---|---|
| 6. (a) Cash on Hand January 1, <input type="text" value="2015"/> | | <input type="text" value="1198839.31"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="1247999.32"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="46359.40"/> | <input type="text" value="319019.41"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="1294358.72"/> | <input type="text" value="1517858.72"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="93500.00"/> | <input type="text" value="317000.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="1200858.72"/> | <input type="text" value="1200858.72"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CME Group Inc. PAC

Report Covering the Period: From: / / To: / /

| 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)..... | 43712.29 | 301069.96 |
| (ii) Unitemized | 1897.11 | 17199.45 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 45609.40 | 318269.41 |
| (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) | 45609.40 | 318269.41 |
| 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..... | 750.00 | 750.00 |
| 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 Transfers (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))..... ▶ | 46359.40 | 319019.41 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 46359.40 | 319019.41 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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..... | 93500.00 | 317000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (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) Allocated 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)) .. | 93500.00 | 317000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 93500.00 | 317000.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 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) | 45609.40 | 318269.41 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 45609.40 | 318269.41 |
| 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 OF 52 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <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

A. JOHN RESTIVO
Full Name (Last, First, Middle Initial)

Mailing Address 7705 W. Armitage Ave.

City Elmwood Park State IL Zip Code 60707-3629

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

Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR DIR GLOBAL COMMAND CENTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : 66041226

Amount of Each Receipt this Period
 500.00

B. WILLIAM P. BRANNIGAN
Full Name (Last, First, Middle Initial)

Mailing Address 8014 STONEWALL DRIVE

City ORLAND PARK State IL Zip Code 60462-2378

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 66047299

Amount of Each Receipt this Period
 250.00

C. PHILIP MAYSTER
Full Name (Last, First, Middle Initial)

Mailing Address 8613 VIA GRANDE EAST

City WELLINGTON State FL Zip Code 33411-6541

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

Name of Employer Retired Occupation Commodity Trader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 66047300

Amount of Each Receipt this Period
 250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 7 OF 52 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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

A. THOMAS A. OWENS
Full Name (Last, First, Middle Initial)

Mailing Address 20812 GLENGARRY CIRCLE

| | | |
|-------------------|-------------|------------------------|
| City DEER PARK | State IL | Zip Code 60010-3611 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 66047301

Amount of Each Receipt this Period
500.00

B. DAVID G. HILL
Full Name (Last, First, Middle Initial)

Mailing Address 5431 N. KILDARE

| | | |
|-----------------|-------------|------------------------|
| City CHICAGO | State IL | Zip Code 60630-1792 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 66049400

Amount of Each Receipt this Period
1000.00

C. TODD R. EMOFF
Full Name (Last, First, Middle Initial)

Mailing Address 3747 RENWICK LANE

| | | |
|-----------------|-------------|-------------------|
| City GAHANNA | State OH | Zip Code 43230 |
|-----------------|-------------|-------------------|

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

| | |
|-----------------------------------|---------------------------------|
| Name of Employer Self-Employed | Occupation Financial Advisor |
|-----------------------------------|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 66049420

Amount of Each Receipt this Period
400.00

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1900.00 |
| 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 OF 52 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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

A. SIDNEY C. HAMPER
Full Name (Last, First, Middle Initial)

Mailing Address 9956 S. DAMEN AVE.

City CHICAGO State IL Zip Code 60643-1802

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

Name of Employer Occupation
Retired Commodity Trader/Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2015
Transaction ID : 66095959

Amount of Each Receipt this Period
5000.00

B. STEPHEN P. HANSON
Full Name (Last, First, Middle Initial)

Mailing Address APT. 1518
2109 BROADWAY

City NEW YORK State NY Zip Code 10023-2151

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

Name of Employer Occupation
CME Group Commodity Trader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2015
Transaction ID : 66290397

Amount of Each Receipt this Period
5000.00

C. MICHAEL K. MCMURRAY
Full Name (Last, First, Middle Initial)

Mailing Address 346 CRESCENT DR.

City LAKE BLUFF State IL Zip Code 60044-2706

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 ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2015
Transaction ID : 66290401

Amount of Each Receipt this Period
2000.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 12000.00 |
| 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 9 OF 52 |
| | <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

A. PHUPINDER S GILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 S. Wacker Dr.
 City Chicago State IL Zip Code 60606-7408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : 66317954
 Amount of Each Receipt this Period
 5000.00

B. TIMOTHY JOHN ANDRIESEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Cutter Ln.
 City Lake Barrington State IL Zip Code 60010-1550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation MD AG & ALT INV PRODUCTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : 66401518
 Amount of Each Receipt this Period
 5000.00

C. JAMES M MINDLING
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 BUTTONBALL LANE
 City WESTON State CT Zip Code 06883-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Commodity Trader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : 66401657
 Amount of Each Receipt this Period
 500.00

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 10500.00 |
| 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 10 OF 52 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CME Group Inc. PAC

Full Name (Last, First, Middle Initial)
A. CARL R STUMPF

Mailing Address 200 W. Grand Ave.

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 ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : 66510247

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Lynn M. Pouncey

Mailing Address 175 N. Harbor Dr., Apt. 4403

City Chicago State IL Zip Code 60601-7888

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

Name of Employer Retired Occupation Commodity Trader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : 66510249

Amount of Each Receipt this Period
275.00

Full Name (Last, First, Middle Initial)
C. Christopher Eric ERIC Mead

Mailing Address 804 Highview

City Glen Ellyn State IL Zip Code 60137-5562

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR1333030441272

Amount of Each Receipt this Period
384.62

P/R Deduction (\$192.31 Bi-Weekly)

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5659.62 |
| 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 11 OF 52 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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

A. Margaret Austin AUSTIN Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 3306 N. Clifton Ave.
 City Chicago State IL Zip Code 60657-2272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR ASSOC GC/AST CORP SEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.24

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1333037541272
 Amount of Each Receipt this Period 294.12
 P/R Deduction (\$147.06 Bi-Weekly)

B. Hilda L L Piell
 Full Name (Last, First, Middle Initial)
 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 SR MD & CHIEF HR OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1333053141272
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

C. Brett A A Vietmeier
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Tygert Ln.
 City DeKalb State IL Zip Code 60115-8258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation MD CD&S - PROPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1333065141272
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 798.74
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 12 OF 52 |
| | <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

A. Ciby Kuruvilla
Full Name (Last, First, Middle Initial)
Mailing Address 3765 Timbers Edge Ln.
City Glenview State IL Zip Code 60025-1442
FEC ID number of contributing federal political committee. **C**
Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR SYSTEMS ENGINEERING
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 715.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1333068541272
Amount of Each Receipt this Period 110.00
P/R Deduction (\$55.00 Bi-Weekly)

B. Randy M. M. Kelley
Full Name (Last, First, Middle Initial)
Mailing Address 2668 Providence Ave.
City Aurora State IL Zip Code 60503-5403
FEC ID number of contributing federal political committee. **C**
Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation DIR TECH OPS RISK ANALYSIS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1333072041272
Amount of Each Receipt this Period 154.00
P/R Deduction (\$77.00 Bi-Weekly)

C. John Clifton CLIFTON Peschier
Full Name (Last, First, Middle Initial)
Mailing Address 485 Lincoln Ave., W
City Highland Park State IL Zip Code 60035-3458
FEC ID number of contributing federal political committee. **C**
Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation MD INVESTOR RELATIONS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.10

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1333082341272
Amount of Each Receipt this Period 215.40
P/R Deduction (\$107.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 479.40
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 13 OF 52 |
| | <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

A. Kathleen Marie MARIE Cronin
Full Name (Last, First, Middle Initial)
Mailing Address 1310 N. Ritchie Ct.
City Chicago State IL Zip Code 60610-2168
FEC ID number of contributing federal political committee. **C**
Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR MD GEN COUNSEL & CORP SECR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **357.15**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR1333109941272
Amount of Each Receipt this Period **357.15**
P/R Deduction (\$357.15 Bi-Weekly)

B. Anita Shradar SHRADAR Liskey
Full Name (Last, First, Middle Initial)
Mailing Address 3607 Lawrence St.
City Naperville State IL Zip Code 60564-4112
FEC ID number of contributing federal political committee. **C**
Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation MD CORP MARKETING & COMM
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **2000.05**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR1333112241272
Amount of Each Receipt this Period **307.70**
P/R Deduction (\$153.85 Bi-Weekly)

C. Robert A A Sniegowski
Full Name (Last, First, Middle Initial)
Mailing Address 814 Barnsdale Rd.
City La Grange Park State IL Zip Code 60526-1607
FEC ID number of contributing federal political committee. **C**
Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR MARKET REG RULES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **1001.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR1333118741272
Amount of Each Receipt this Period **154.00**
P/R Deduction (\$77.00 Bi-Weekly)

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 818.85 |
| 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 OF 52
(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

A. Paul D D Meacham
 Full Name (Last, First, Middle Initial)
 Mailing Address 19437 Lisadell
 City State Zip Code
 Tinley Park IL 60487-4482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CME, 20 S. Wacker Dr., Chicago DIR TECH SPECIALIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR1333137541272
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. Felipe J J Martinez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2122 Westbury Dr.
 City State Zip Code
 Woodridge IL 60517-8029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CME, 20 W. Wacker Dr., Chicago MGR TF OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR1333221741272
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. Judith A A Gorz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3936 S. Home Ave.
 City State Zip Code
 Stickney IL 60402-4130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CME, 20 S.Wacker Dr., Chicago DIR TF ORIENTATION & EDUCATION
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR1333253541272
 Amount of Each Receipt this Period
 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 138.48
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 OF 52 |
| | <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

A. Michael G G Crawshaw
 Full Name (Last, First, Middle Initial)
 Mailing Address 3900 Wolf Rd.
 City Western Springs State IL Zip Code 60558-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation MD HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR1333296141272
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Curtis N N Zuckert
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 Florence
 City Evanston State IL Zip Code 60202-3211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation MGR CHANNEL PARTNER MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR1333320141272
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Thomas Frank FRANK Boggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 2630 Hillside Ln.
 City Evanston State IL Zip Code 60201-4933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR DIR EQUITY PRODUCTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR1548972741272
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 233.88 |
| 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 16 OF 52 |
| <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

A. Julie Holzrichter
 Full Name (Last, First, Middle Initial)
 Mailing Address 11539 S. Kristi Dr.
 City Plainfield State IL Zip Code 60585-7561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR MD CHIEF OPERATING OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1548975541272
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

B. James Albert ALBERT Hyman
 Full Name (Last, First, Middle Initial)
 Mailing Address 650 Duane St.
 City Glen Ellyn State IL Zip Code 60137-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation LD INVESTIGATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1548975841272
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. Norman Bradley BRADLEY Ralph
 Full Name (Last, First, Middle Initial)
 Mailing Address 1322 S. Prairie Ave.
 City Chicago State IL Zip Code 60605-3064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR SYSTEMS ANALYSIS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1548978541272
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 564.62
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 17 OF 52 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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

A. Kelly Patrick PATRICK Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 S. Spring Ave.
 City La Grange State IL Zip Code 60525-2756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation MD CD&S - INTERMEDIARIES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1550100141272
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

B. Kevin Michael MICHAEL Comer
 Full Name (Last, First, Middle Initial)
 Mailing Address 824 Franklin St.
 City Downers Grove State IL Zip Code 60515-3739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR CUSTOMER MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.08

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570137341272
 Amount of Each Receipt this Period 192.32
 P/R Deduction (\$96.16 Bi-Weekly)

C. Lauren Anne ANNE Doig
 Full Name (Last, First, Middle Initial)
 Mailing Address 9554 S. Hamilton Ave.
 City Chicago State IL Zip Code 60643-1120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation MGR OTC CLIENT SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570142141272
 Amount of Each Receipt this Period 38.48
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 615.42
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 18 OF 52 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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

| | | | |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial) A. Bryan Durkin | | | Date of Receipt MM / DD / YYYY 06 / 30 / 2015 |
| Mailing Address 17548 Karli Ln. | | | Transaction ID : PR1570143341272 |
| City Orland Park | State IL | Zip Code 60467-8562 | Amount of Each Receipt this Period 384.62 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer CME, 20 S. Wacker, Chicago | Occupation SR MD CHIEF COMMERCIAL OFFICER | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.03 | | P/R Deduction (\$192.31 Bi-Weekly) |

| | | | |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial) B. Elizabeth Ann ANN Flores | | | Date of Receipt MM / DD / YYYY 06 / 30 / 2015 |
| Mailing Address 937 Drake Rd. | | | Transaction ID : PR1570147041272 |
| City Glenview | State IL | Zip Code 60025-4319 | Amount of Each Receipt this Period 120.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer CME, 20 S. Wacker Dr., Chicago | Occupation EXEC DIR CD&S - ASSET MANAGERS | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 780.00 | | P/R Deduction (\$60.00 Bi-Weekly) |

| | | | |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mark Hartwell HARTWELL Green | | | Date of Receipt MM / DD / YYYY 06 / 30 / 2015 |
| Mailing Address 1133 Norfolk | | | Transaction ID : PR1570152441272 |
| City Downers Grove | State IL | Zip Code 60516-2812 | 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 DIR SOFTWARE ENGINEERING | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 325.00 | | P/R Deduction (\$25.00 Bi-Weekly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 554.62 |
| 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 19 OF 52 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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

A. Daniel W W Grombacher
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 S. Wacker Dr.
 City Chicago State IL Zip Code 60606-7431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR DIR FINCL RES & PROD DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.09

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570152641272
 Amount of Each Receipt this Period 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

B. Michael Philip PHILIP Hohman
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 S. Walnut
 City Arlington Heights State IL Zip Code 60005-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR CD&S - PROPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.05

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570157541272
 Amount of Each Receipt this Period 307.70
 P/R Deduction (\$153.85 Bi-Weekly)

C. Scott R R Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Warwick Rd.
 City Winnetka State IL Zip Code 60093-4256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR ENTERPRISE DELIVERY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.08

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570164141272
 Amount of Each Receipt this Period 192.32
 P/R Deduction (\$96.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 653.88
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 20 OF 52 |
| | <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

A. Jonathan G G Kronstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 S. Wacker Dr.
 City Chicago State IL Zip Code 60606-7431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR DIR FINCL RES & PROD DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570168541272
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. David D D Lehman
 Full Name (Last, First, Middle Initial)
 Mailing Address 847 N. East Ave.
 City Oak Park State IL Zip Code 60302-1542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation MD COMMODITY RES & PROD DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570171141272
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

C. Michael Joseph JOSEPH Martineau
 Full Name (Last, First, Middle Initial)
 Mailing Address 1638B N. Mohawk
 City Chicago State IL Zip Code 60614-5624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation DIR SVC & CONTRACT PROCUREMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570176341272
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.56
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 21 OF 52 |
| | <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

A. Mark Allan ALLAN Omens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1303 Huber Ln.
 City Glenview State IL Zip Code 60026-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR DIR CD&S - INTERMEDIARIES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570187241272
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Derek Louis LOUIS Sammann
 Full Name (Last, First, Middle Initial)
 Mailing Address 941 Forest Ave.
 City Glencoe State IL Zip Code 60022-1208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR MD COMMODITY & OPTIONS PROD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570198841272
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

C. Victor F F Seamon
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 Deerpath Dr.
 City Winthrop Harbor State IL Zip Code 60096-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR DIR COMM RES & PROD DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570201441272
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 581.56
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 22 OF 52 |
| | <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

A. Suzanne L L Sprague
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 S. Wacker Dr.
 City Chicago State IL Zip Code 60606-7431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR COLLATERAL & RISK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1016.75

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570206441272
 Amount of Each Receipt this Period 382.06
 P/R Deduction (\$191.03 Bi-Weekly)

B. Frederick W W Sturm
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 S. Wacker Dr.
 City Chicago State IL Zip Code 60606-7431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR FINCL RES & PROD DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570208841272
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

C. Susan G G Sutherland
 Full Name (Last, First, Middle Initial)
 Mailing Address 28W541 Purnell Rd.
 City West Chicago State IL Zip Code 60185-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR DIR AG & ALT INV PRODUCTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570209241272
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 846.68 |
| 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 23 OF 52 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CME Group Inc. PAC

A. Stephen P P Trimper
 Full Name (Last, First, Middle Initial)
 Mailing Address 267 S. Villa
 City Villa Park State IL Zip Code 60181-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR DIR & ASSOC GEN CNSL TRNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570213141272
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Peter Lujai
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Laurie Ct.
 City Lake Villa State IL Zip Code 60046-9006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation MGR MARKET SYSTEMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1570239341272
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. Robert Levin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Sherwood Rd.
 City Short Hills State NJ Zip Code 07078-2039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, One North End Ave., NY Occupation MD ENERGY/COMM RES & PROD DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1648233241272
 Amount of Each Receipt this Period 41.60
 P/R Deduction (\$20.80 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 318.54 |
| 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 24 OF 52 |
| | <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

Full Name (Last, First, Middle Initial)
A. Stuart Homler

Mailing Address 577 Saint Andrews Pl.

City Manalapan State NJ Zip Code 07726-9545

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

Name of Employer CME, 1 N. End Ave., NY Occupation DIR PRODUCT LAUNCH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : PR1672642841272

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Suzanne Spain

Mailing Address 20 S Wacker Dr

City Chicago State IL Zip Code 60606-7408

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

Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR DIR CD&S - PROPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : PR1672654041272

Amount of Each Receipt this Period **200.00**

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

Full Name (Last, First, Middle Initial)
C. Donald Patrick PATRICK Moore

Mailing Address 390 S. York St.

City Elmhurst State IL Zip Code 60126-3941

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

Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation DIR CLEARING BUS CONT PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : PR1672658841272

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **290.00**

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 25 OF 52 |
| | <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

A. Aaron Robert ROBERT Walters
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 - 7th Ave.
 City Brooklyn State NY Zip Code 11215-7261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, One North End Ave., NY Occupation SR DIR BUSINESS ANALYSIS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1672663241272
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Robert Jason JASON Weller
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 S. Wacker Dr.
 City Chicago State IL Zip Code 60606-7408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation MD CORP STRATEGY & INNOVATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1672665441272
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

C. Sharon Marie MARIE Neary
 Full Name (Last, First, Middle Initial)
 Mailing Address 5804 S. Bodin St.
 City Hinsdale State IL Zip Code 60521-5106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR DIR CORPORATE FACILITIES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1672666441272
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 564.62 |
| 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 26 OF 52 |
| | <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

A. Helen Marie MARIE Flanagan
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 W. Delaware Pl.
 City Chicago State IL Zip Code 60610-3360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR DIR CD&S - INTERMEDIARIES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1672667541272
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ross Patrick PATRICK Wilken
 Full Name (Last, First, Middle Initial)
 Mailing Address 4949 N. Lincoln
 City Chicago State IL Zip Code 60625-4882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR EMPLOYEE BENEFITS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1672668241272
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

C. Phillip Hatzopoulos
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 S. Wacker Dr.
 City Chicago State IL Zip Code 60606-7431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation MD CD&S - ASSET MANAGERS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1672668641272
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 581.56 |
| 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 27 OF 52 |
| | <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

A. Christopher Michael MICHAEL LaRosa
 Full Name (Last, First, Middle Initial)
 Mailing Address 2669 Prairie Ave.
 City Evanston State IL Zip Code 60201-1434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR GOVT & ASSOC RELATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1672670841272
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

B. Pacy Philip PHILIP Ostroff
 Full Name (Last, First, Middle Initial)
 Mailing Address 772 N. Main St.
 City Glen Ellyn State IL Zip Code 60137-3942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR CORPORATE STRATEGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1755.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1672675741272
 Amount of Each Receipt this Period 270.00
 P/R Deduction (\$135.00 Bi-Weekly)

c. Dhiraj S S Bawadhankar
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 South Wacker Dr.
 City Chicago State IL Zip Code 60606-7431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR CLEARING SOLUTIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1757811241272
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 731.56
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 28 OF 52 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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

A. Jack William WILLIAM Callahan III III
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 South Wacker Dr.
 City Chicago State IL Zip Code 60606-7431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR OTC PROD SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1757888441272
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

B. David Willard WILLARD Berkow
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 Kingsley Dr.
 City Arlington Heights State IL Zip Code 60004-7464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR DIR & ASST TREASURER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1757890241272
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. Christopher Bowen
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 - 5th Ave.
 City New York State NY Zip Code 10003-4342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, One North End Ave., NY Occupation MD CHIEF REGULATORY COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1760392541272
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

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| SUBTOTAL of Receipts This Page (optional)..... | 564.62 |
| 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 29 OF 52 |
| | <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

A. John Philip PHILIP Hannigan
 Full Name (Last, First, Middle Initial)
 Mailing Address 135 Malden Ave.
 City La Grange State IL Zip Code 60525-1778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation MGR GLOBAL ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1760399641272
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Robert Sean SEAN Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 5704 Ridgewood Dr.
 City Western Springs State IL Zip Code 60558-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR CD&S - BANKS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1762338441272
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ivaylo Dragomirov DRAGOMIROV Nikolov
 Full Name (Last, First, Middle Initial)
 Mailing Address 2016 Canfield Rd.
 City Park Ridge State IL Zip Code 60068-5648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation DIR RISK MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.80

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1762364441272
 Amount of Each Receipt this Period 111.12
 P/R Deduction (\$55.56 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 288.06 |
| 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 30 OF 52 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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

| | | | |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial) A. Linda Dallas DALLAS Rich | | | Date of Receipt MM / DD / YYYY 06 / 30 / 2015 |
| Mailing Address 3395 Turner Mt. Rd. | | | Transaction ID : PR1812401441272 |
| City The Plains | State VA | Zip Code 20198-1846 | Amount of Each Receipt this Period 384.62 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer CME, 325 - 7th St, NW, DC | Occupation SR MD GOVTL REL LEGISL AFFAIRS | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.03 | | P/R Deduction (\$192.31 Bi-Weekly) |

| | | | |
|---|---|------------------------|---|
| Full Name (Last, First, Middle Initial) B. Craig John JOHN Mohan | | | Date of Receipt MM / DD / YYYY 06 / 30 / 2015 |
| Mailing Address 414 W. Madison Ave. | | | Transaction ID : PR1828049141272 |
| City Wheaton | State IL | Zip Code 60187-4063 | Amount of Each Receipt this Period 275.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer CME, 20 S. Wacker Dr., Chicago | Occupation MD CO-LO IPM & CME DIRECT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1787.50 | | P/R Deduction (\$137.50 Bi-Weekly) |

| | | | |
|---|---|------------------------|---|
| Full Name (Last, First, Middle Initial) C. Timothy Robert ROBERT Elliott | | | Date of Receipt MM / DD / YYYY 06 / 30 / 2015 |
| Mailing Address 1414 Wesley Ave. | | | Transaction ID : PR1828050441272 |
| City Evanston | State IL | Zip Code 60201-4120 | Amount of Each Receipt this Period 117.66 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer CME, 20 S. Wacker Dr., Chicago | Occupation EXEC DIR & ASSOC GEN CNSL REG | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 235.32 | | P/R Deduction (\$58.83 Bi-Weekly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 777.28 |
| 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 31 OF 52 |
| | <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

A. Dorothea Dolores DOLORES Pacini
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 N. Lake Shore Dr.
 City Chicago State IL Zip Code 60611-3016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation SR DIR RECOVERY & RESOLUTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1869975441272
 Amount of Each Receipt this Period 154.00
 P/R Deduction (\$77.00 Bi-Weekly)

B. Candice Ellen ELLEN Lucas
 Full Name (Last, First, Middle Initial)
 Mailing Address 757 W. Hutchinson St.
 City Chicago State IL Zip Code 60613-1519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation DIR AG & ALT INV PRODUCTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR187222441272
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Matthew Norman NORMAN Morano
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Malcolm Ct.
 City Tenafly State NJ Zip Code 07670-2423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, One North End Ave., NY Occupation SR DIR BUSINESS ANALYSIS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1298.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1884201041272
 Amount of Each Receipt this Period 208.00
 P/R Deduction (\$104.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 438.94 |
| 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 32 OF 52 |
| | <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

A. Nikola Lazar LAZAR Matic
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 N. Fairbanks Ct.
 City Chicago State IL Zip Code 60611-5838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR CO-LOCATION SVC DELIV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1953039041272
 Amount of Each Receipt this Period 140.00
 P/R Deduction (\$70.00 Bi-Weekly)

B. Raquel Suarez Hawk
 Full Name (Last, First, Middle Initial)
 Mailing Address 1711 Massachusetts Ave., NW
 City Washington State DC Zip Code 20036-2101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 325 - 7th St., NW, Washington, DC Occupation MGR GOV REL & PAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1990730341272
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Susan Michael MICHAEL Schultz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Bonnie Glen Lane
 City Glenview State IL Zip Code 60025-3137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation EXEC DIR & CNSL TO ECHAIR/PRES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.35

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2008148441272
 Amount of Each Receipt this Period 333.34
 P/R Deduction (\$166.67 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 513.34 |
| 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 33 OF 52 |
| | <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

| | | | |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial) A. Inderdeep Singh | | | Date of Receipt |
| Mailing Address 26 Fawn Ridge Dr. | | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : PR2033056741272 |
| Oakwood Hills | IL | 60013-1069 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="30.78"/> |
| Name of Employer | Occupation | | P/R Deduction (\$15.39 Bi-Weekly) |
| CME, 20 S. Wacker Dr., Chicago | SR DIR APPLICATION ARCHITEC | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | | |
| | <input type="text" value="200.07"/> | | |

| | | | |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial) B. Simon Postel POSTEL Burnham | | | Date of Receipt |
| Mailing Address 2224 Greenwood Ave. | | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : PR2033768841272 |
| Wilmette | IL | 60091-1444 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="115.40"/> |
| Name of Employer | Occupation | | P/R Deduction (\$57.70 Bi-Weekly) |
| CME, 20 S. Wacker Dr., Chicago | SR DIR FX PRODUCTS | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | | |
| | <input type="text" value="750.10"/> | | |

| | | | |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial) C. Carrie J J Di Santo | | | Date of Receipt |
| Mailing Address 20 South Wacker Dr. | | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : PR2033778441272 |
| Chicago | IL | 60606-7431 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="333.34"/> |
| Name of Employer | Occupation | | P/R Deduction (\$166.67 Bi-Weekly) |
| CME, 20 S. Wacker Dr., Chicago | MD CHIEF COMPLIANCE OFFICER | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | | |
| | <input type="text" value="833.35"/> | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="479.52"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 34 OF 52 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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

A. Danica Robin ROBIN Goodell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2773 Miller Rd.
 City Geneva State IL Zip Code 60134-3999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME, 20 S. Wacker Dr., Chicago Occupation DIR INFORMATION GOVERNANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2041849841272
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Peter Allen ALLEN Mulmat
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 S. Wacker
 City Chicago State IL Zip Code 60606-7431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CME Group Occupation DIR CD&S - INTERMEDIARIES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2168008841272
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 276.94 |
| TOTAL This Period (last page this line number only)..... | 43712.29 |

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

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

FOR LINE NUMBER: PAGE 35 OF 52
(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

A. Full Name (Last, First, Middle Initial)
Eric Cantor for Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

FEC ID number of contributing federal political committee. **C** C00355461

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2015
Transaction ID : 66483882

Amount of Each Receipt this Period
750.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | 750.00 |

**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

Full Name (Last, First, Middle Initial)

A. Liberty Project

Mailing Address P.O. Box 53866

City Lubbock State TX Zip Code 79453

Purpose of Disbursement

011

Candidate Name

Liberty Project

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028502

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Frank Lucas for Congress

Mailing Address P.O. Box 1726

City Oklahoma City State OK Zip Code 73101

Purpose of Disbursement

011

Candidate Name

Rep. Frank D. Lucas

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OK District: 03

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028503

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kyrsten Sinema for Congress

Mailing Address P.O. Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement

011

Candidate Name

Rep. Kyrsten Sinema

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028504

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

Full Name (Last, First, Middle Initial)

A. Denny Heck for Congress

Mailing Address P.O. Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Denny Heck

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 1 | | 2 | 0 | 1 | 5 |

Transaction ID : 66028505

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Full Name (Last, First, Middle Initial)

B. Friends of John Thune

Mailing Address P.O. Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. John Thune

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 1 | | 2 | 0 | 1 | 5 |

Transaction ID : 66028554

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Full Name (Last, First, Middle Initial)

C. Friends Of Frank Guinta

Mailing Address PO Box 877

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frank Guinta

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 1 | | 2 | 0 | 1 | 5 |

Transaction ID : 66028603

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

**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

Full Name (Last, First, Middle Initial)

A. Michael Bennet for Colorado

Mailing Address P.O. Box 3078

City State Zip Code
Denver CO 80201

Purpose of Disbursement

011

Candidate Name

Sen. Michael F. Bennet

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028604

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC - MC PAC

Mailing Address P.O. Box 10134

City State Zip Code
Bakersfield CA 93389

Purpose of Disbursement

011

Candidate Name

Majority Committee PAC - MC PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028606

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Dan Benishek for Congress, Inc.

Mailing Address P.O. Box 108

City State Zip Code
Gladstone MI 49837

Purpose of Disbursement

011

Candidate Name

Rep. Dan Benishek

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028607

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

A. Jeff Denham for Congress

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement

011

Candidate Name

Rep. Jeff Denham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028610

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Mike Quigley for Congress

Mailing Address P.O. Box 13040

City Chicago State IL Zip Code 60613

Purpose of Disbursement

011

Candidate Name

Rep. Mike Quigley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 05

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028611

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pioneer Political Action Committee

Mailing Address 701 - 8th Street, NW, Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement

011

Candidate Name

Pioneer Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028612

Amount of Each Disbursement this Period

2500.00

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

Full Name (Last, First, Middle Initial)

A. Jim Costa for Congress

Mailing Address 2037 W. Bullard Avenue - #355

City Fresno State CA Zip Code 93711

Purpose of Disbursement

011

Candidate Name

Rep. Jim Costa

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028614

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi for Congress

Mailing Address 700 - 13th St., NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

Rep. Nancy Pelosi

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028619

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Juan Vargas for Congress

Mailing Address 330 Encinitas Blvd., Suite 101

City Encinitas State CA Zip Code 92024

Purpose of Disbursement

011

Candidate Name

Rep. Juan Vargas

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 51

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028694

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

Full Name (Last, First, Middle Initial)

A. Volunteers for John Shimkus

Mailing Address P.O. Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. John M. Shimkus

Office Sought: House Senate President
State: IL District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028800

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Graham For Congress

Mailing Address PO Box 310

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Gwen Graham

Office Sought: House Senate President
State: FL District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028802

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Preserving America's Traditions (PATPAC)

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement

011

Category/
Type

Candidate Name
Preserving America's Traditions (PATPAC)

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028821

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

**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

Full Name (Last, First, Middle Initial)

A. Peter Roskam for Congress Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 01 | | 2015 |

Mailing Address P.O. Box 713

Transaction ID : 66028824

City State Zip Code
Wheaton IL 60187

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Rep. Peter J. Roskam

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Kristi Noem for Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 01 | | 2015 |

Mailing Address P.O. Box 852

Transaction ID : 66028827

City State Zip Code
Sioux Falls SD 57101

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Rep. Kristi L. Noem

Office Sought: House
 Senate
 President
State: SD District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Austin Scott for Congress Inc.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 01 | | 2015 |

Mailing Address P.O. Box 2530

Transaction ID : 66028831

City State Zip Code
Tifton GA 31793

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Rep. Austin Scott

Office Sought: House
 Senate
 President
State: GA District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

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

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

| |
|---------|
| 6000.00 |
|---------|

| |
|--|
| |
|--|

**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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Sean Patrick Maloney for Congress | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2015 |
| Mailing Address P.O. Box 270 | | Transaction ID : 66028837 |
| City Newburgh | State NY | |
| Zip Code 12550 | Purpose of Disbursement 011 | Amount of Each Disbursement this Period 1500.00 |
| Candidate Name Rep. Sean Maloney | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: NY | District: 18 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Scott Garrett for Congress | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2015 |
| Mailing Address P.O. Box 905 | | Transaction ID : 66028840 |
| City Newton | State NJ | |
| Zip Code 07860 | Purpose of Disbursement 011 | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name Rep. Scott Garrett | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: NJ | District: 05 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Friends Of Sherrod Brown | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2015 |
| Mailing Address PO Box 15293 | | Transaction ID : 66028841 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement 011 | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name Sen. Sherrod Brown | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: OH | District: | |

| | |
|---|---------|
| 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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

Full Name (Last, First, Middle Initial)

A. Suzan DelBene for Congress

Mailing Address P.O. Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement

011

Candidate Name

Rep. Suzan Kay DelBene

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028847

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John Carney for Congress

Mailing Address P.O. Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement

011

Candidate Name

Rep. John C. Carney Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028849

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BRAVE PAC

Mailing Address 499 S. Capitol St., S.W.
Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

BRAVE PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028854

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

**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

Full Name (Last, First, Middle Initial)

A. Steve Fincher for Congress

Mailing Address P.O. Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement

011

Candidate Name

Rep. Stephen L. Fincher

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TN District: 08

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028858

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Charles Grassley Committee Inc

Mailing Address P.O. Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Candidate Name

Senator Charles Grassley

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : 66235109

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

011

Candidate Name

Sen. Rob Portman

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : 66235219

Amount of Each Disbursement this Period

2500.00

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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

Full Name (Last, First, Middle Initial)

A. Friends of Cheri Bustos

Mailing Address P.O. Box 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement

011

Candidate Name
Rep. Cheri Bustos

Category/Type

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: IL District: 17

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : 66235224

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bill Foster for Congress Committee

Mailing Address P.O. Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement

011

Candidate Name
Rep. Bill Foster

Category/Type

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: IL District: 11

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : 66235282

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. More Conservatives PAC (MCPAC)

Mailing Address 228 S. Washington St., Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name
More Conservatives PAC (MCPAC)

Category/Type

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

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : 66235285

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

Full Name (Last, First, Middle Initial)

A. Joe Donnelly for Indiana

Mailing Address 1050 - 17th St., NW, Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement

011

Candidate Name

Sen. Joseph Donnelly

Category/
Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : 66235288

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Joe Donnelly for Indiana

Mailing Address 1050 - 17th St., NW, Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement

011

Candidate Name

Sen. Joseph Donnelly

Category/
Type

Office Sought: House Senate President

Disbursement For: 2015 Primary General Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : 66235289

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill Huizenga for Congress

Mailing Address 441 Williams Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement

011

Candidate Name

Rep. Bill P. Huizenga

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MI District: 02

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 66289175

Amount of Each Disbursement this Period

1000.00

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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

Full Name (Last, First, Middle Initial)

A. Friends Of Mia Love

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mia Love

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 8 | | 2 | 0 | 1 | 5 |

Transaction ID : 66289176

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Randy Hultgren for Congress

Mailing Address P.O. Box 717

City St. Charles State IL Zip Code 60174

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Randy M. Hultgren

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 8 | | 2 | 0 | 1 | 5 |

Transaction ID : 66289177

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. Free State PAC

Mailing Address P.O. Box 2712

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Free State PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 8 | | 2 | 0 | 1 | 5 |

Transaction ID : 66289247

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

Full Name (Last, First, Middle Initial)

A. Conservative Opportunities for a New America PAC

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 8 | | 2 | 0 | 1 | 5 |

Mailing Address 110 W. Louisiana Ave., Suite 312

Transaction ID : 66289248

City Midland State TX Zip Code 79701

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Purpose of Disbursement

| |
|----------------|
| 011 |
| Category/ Type |

Candidate Name

Conservative Opportunities for a New America PAC

Office Sought: House Senate President

State: District:

Disbursement For:

Primary General

Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Michael Bennet for Colorado

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 8 | | 2 | 0 | 1 | 5 |

Mailing Address P.O. Box 3078

Transaction ID : 66289249

City Denver State CO Zip Code 80201

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Purpose of Disbursement

| |
|----------------|
| 011 |
| Category/ Type |

Candidate Name

Sen. Michael F. Bennet

Office Sought: House Senate President

State: CO District:

Disbursement For: 2016

Primary General

Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Boozman For Arkansas

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 8 | | 2 | 0 | 1 | 5 |

Mailing Address PO Box 671

Transaction ID : 66289250

City Rogers State AR Zip Code 72757

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Purpose of Disbursement

| |
|----------------|
| 011 |
| Category/ Type |

Candidate Name

Sen. John Boozman

Office Sought: House Senate President

State: AR District:

Disbursement For: 2016

Primary General

Other (specify) ▼

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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

Full Name (Last, First, Middle Initial)

A. BRAVE PAC

Mailing Address 499 S. Capitol St., S.W.
Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement
Void - BRAVE PAC

011

Category/
Type

Candidate Name
BRAVE PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 66289340

Amount of Each Disbursement this Period

-2500.00

Void - BRAVE PAC

Full Name (Last, First, Middle Initial)

B. Steve Fincher for Congress

Mailing Address P.O. Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement
Void - Steve Fincher for Congress

011

Category/
Type

Candidate Name
Rep. Stephen L. Fincher

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 66289342

Amount of Each Disbursement this Period

-1500.00

Void - Steve Fincher for Congress

Full Name (Last, First, Middle Initial)

C. BRAVE PAC

Mailing Address 499 S. Capitol St., S.W.
Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name
BRAVE PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 66289343

Amount of Each Disbursement this Period

5000.00

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

1000.00

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

Full Name (Last, First, Middle Initial)

A. Steve Fincher for Congress

Mailing Address P.O. Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement

011

Candidate Name

Rep. Stephen L. Fincher

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 66289344

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Rick Crawford for Congress

Mailing Address P.O. Box 16956

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement

011

Candidate Name

Rep. Rick Crawford

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AR District: 01

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 66289346

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mike Bost For Congress Committee

Mailing Address PO Box 1212

City Murphysboro State IL Zip Code 62966

Purpose of Disbursement

011

Candidate Name

Rep. Mike Bost

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 66290172

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

A. Luke Messer For Congress

Mailing Address PO Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement

011

Candidate Name

Rep. Luke Messer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : 66290207

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bob Dold for Congress

Mailing Address P.O. Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement

011

Candidate Name

Rep. Robert Dold

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : 66315487

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

7500.00

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

93500.00