

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.
ICAP NORTH AMERICA INC PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / through / /

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 Glenn Worman

Signature of Treasurer Glenn Worman [Electronically Filed] Date / /

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

ICAP NORTH AMERICA 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="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="29324.96"/>	<input type="text" value="29324.96"/>
(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="29324.96"/>	<input type="text" value="29324.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29324.96"/>	<input type="text" value="29324.96"/>
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

ICAP NORTH AMERICA 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).....	29041.64	29041.64
(ii) Unitemized	283.32	283.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	29324.96	29324.96
(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)	29324.96	29324.96
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))..... ▶	29324.96	29324.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29324.96	29324.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	0.00	0.00
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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

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)	29324.96	29324.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29324.96	29324.96
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: (check only one)	PAGE 6 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ICAP NORTH AMERICA INC PAC

Full Name (Last, First, Middle Initial) A. Caroline Arnold		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2014 Transaction ID : SA11AI.4121
Mailing Address 1100 Plaza Five Harborside Financial Center		Amount of Each Receipt this Period 250.00
City Jersey City State NJ Zip Code 07922	FEC ID number of contributing federal political committee. C	Check contribution
Name of Employer ICAP North America LLC Occupation Compliance Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) B. Atul Bhatia		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014 Transaction ID : SA11AI.4109
Mailing Address 1100 Plaza Five Harborside Financial Center		Amount of Each Receipt this Period 2000.00
City Jersey City State NJ Zip Code 07922	FEC ID number of contributing federal political committee. C	Check contribution
Name of Employer ICAP North America LLC Occupation Executive Vice President BrokerTec	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

Full Name (Last, First, Middle Initial) C. Danilo Brugal		Date of Receipt M M / D D / Y Y Y Y 11 / 12 / 2014 Transaction ID : SA11AI.4119
Mailing Address 1100 Plaza Five Harborside Financial Center		Amount of Each Receipt this Period 1000.00
City Jersey City State NJ Zip Code 07922	FEC ID number of contributing federal political committee. C	Check contribution
Name of Employer ICAP North America LLC Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ICAP NORTH AMERICA INC PAC

Full Name (Last, First, Middle Initial)
A. Anthony Censullo

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

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

Name of Employer ICAP North America LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
11 / 17 / 2014
Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
3000.00

Check contribution

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

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

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

Name of Employer ICAP North America LLC Occupation Chief Executive Officer BrokerTec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
11 / 06 / 2014
Transaction ID : SA11AI.4115

Amount of Each Receipt this Period
2500.00

Check contribution

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

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

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

Name of Employer ICAP North America LLC Occupation Manging Director of Operations & Risk

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 30 / 2014
Transaction ID : SA11AI.4111

Amount of Each Receipt this Period
2500.00

Check contribution

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
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 8 OF 12
	<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)
ICAP NORTH AMERICA INC PAC

Full Name (Last, First, Middle Initial)
A. Dennis Crum

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

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

Name of Employer ICAP North America LLC Occupation Chief Executive Officer - Commodities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
11 / 24 / 2014
Transaction ID : SA11AI.4137

Amount of Each Receipt this Period
2500.00

Check contribution

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

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

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

Name of Employer ICAP North America LLC Occupation Chief Operating Officer Equities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
11 / 06 / 2014
Transaction ID : SA11AI.4113

Amount of Each Receipt this Period
1500.00

Check contribution

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

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

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

Name of Employer ICAP North America LLC Occupation Co- Head of Legal - Americas

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 28 / 2014
Transaction ID : SA11AI.4105

Amount of Each Receipt this Period
250.00

Check contribution

SUBTOTAL of Receipts This Page (optional).....▶	4250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ICAP NORTH AMERICA INC PAC

Full Name (Last, First, Middle Initial)
A. Christopher Keating

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

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

Name of Employer ICAP North America LLC Occupation Vice President Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.4133

Amount of Each Receipt this Period
250.00

Check contribution

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

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

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

Name of Employer ICAP North America LLC Occupation Head of Equities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11AI.4143

Amount of Each Receipt this Period
208.32

Semi-monthly payroll deduction - \$104.16

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

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

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

Name of Employer ICAP North America LLC Occupation Director of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.4135

Amount of Each Receipt this Period
250.00

Check contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 708.32

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 12
<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)
ICAP NORTH AMERICA INC PAC

Full Name (Last, First, Middle Initial) A. Richard Marshall		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014 Transaction ID : SA11AI.4103
Mailing Address 1100 Plaza Five Harborside Financial Center		Amount of Each Receipt this Period 2500.00
City Jersey City State NJ Zip Code 07922	FEC ID number of contributing federal political committee. C	Check contribution
Name of Employer ICAP North America LLC Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

Full Name (Last, First, Middle Initial) B. David Mazzucco		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2014 Transaction ID : SA11AI.4123
Mailing Address 1100 Plaza Five Harborside Financial Center		Amount of Each Receipt this Period 250.00
City Jersey City State NJ Zip Code 07922	FEC ID number of contributing federal political committee. C	Check contribution
Name of Employer ICAP North America LLC Occupation Co- Head of Legal - Americas	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) C. Patrick McCarty		Date of Receipt M M / D D / Y Y Y Y 11 / 12 / 2014 Transaction ID : SA11AI.4117
Mailing Address 1100 Plaza Five Harborside Financial Center		Amount of Each Receipt this Period 5000.00
City Jersey City State NJ Zip Code 07922	FEC ID number of contributing federal political committee. C	Check contribution
Name of Employer ICAP North America LLC Occupation Managng Dir. of Gov. Relations & Reg.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	7750.00
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 11 OF 12
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ICAP NORTH AMERICA INC PAC

Full Name (Last, First, Middle Initial) A. Gregory Murphy		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 1100 Plaza Five Harborside Financial Center		Transaction ID : SA11AI.4127
City Jersey City	State NJ	Zip Code 07922
FEC ID number of contributing federal political committee.	C	
Name of Employer ICAP North America LLC	Occupation Deputy Chief Operating Officer	Amount of Each Receipt this Period 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	Check contribution

Full Name (Last, First, Middle Initial) B. John Nixon		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2014
Mailing Address 1100 Plaza Five Harborside Financial Center		Transaction ID : SA11AI.4145
City Jersey City	State NJ	Zip Code 07922
FEC ID number of contributing federal political committee.	C	
Name of Employer ICAP North America LLC	Occupation Executive Director	Amount of Each Receipt this Period 333.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	Semi-monthly payroll deduction - \$166.66

Full Name (Last, First, Middle Initial) C. Thomas Scanlan		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2014
Mailing Address 1100 Plaza Five Harborside Financial Center		Transaction ID : SA11AI.4129
City Jersey City	State NJ	Zip Code 07922
FEC ID number of contributing federal political committee.	C	
Name of Employer ICAP North America LLC	Occupation Senior Vice President	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Check contribution

SUBTOTAL of Receipts This Page (optional).....▶	2833.32
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 12
<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)
ICAP NORTH AMERICA INC PAC

A. John Semler
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

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

Name of Employer ICAP North America LLC Occupation Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 24 / 2014
Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
250.00

Check contribution

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

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

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

Name of Employer ICAP North America LLC Occupation General Counsel & COO of the Americas

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 28 / 2014
Transaction ID : SA11AI.4107

Amount of Each Receipt this Period
2000.00

Check contribution

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).....	2250.00
TOTAL This Period (last page this line number only).....	29041.64